FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # F74037

CUNNINGHAM PEST CONTROL, INC.

FILED Jan 14 1997 8:00am Secretary of State



5								
Principal Prace of Business Mailing Address					ĺ			
313 SW 15 AVENUE BOYNTON BCH. FL 33435		313 SW 15 AVENUE BOYNTON BCH. FL 33435-5949			į			
					\(3. Date Incorporated or Qualified 03/29/1982	3a. Date of Last 01/22/1996	
	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26						lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		
City & State	9	City & State	City & State			Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution		to Fees
Zip	Country	Zιρ	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 29 30 30 9 Name and Address of Current Registered Agent							
A. 11	<u></u>	Hegistered Agent	81	L	ame	10. Name and Address of New Reg	haresed Agent	
	ININGHAM, HOWARD G		"	' '	alle			
313 SW 15TH AVENUE			62	82 Street Address (P.O. Box Number is Not Acceptable)				-
BOYNTON BEACH FL 33435			83	\perp				
			83	1				
			84	C	ity		85 Zi	Code
				L			FL "	
11, Pursuant office or r	to the provisions of Sections 607.0502 enistered agent, or both, in the State i	and 607.1508, Florida Statutes, of Florida, Such change was aut	, the abov houzed b	/ <mark>0-</mark> 0/ w the	amed corpo a corporatio	ration submits this statement for the process board of directors. I hereby access	urpose of changing t the appointment a	its registered
agent. I a	m familiar with and accept the obliga	tions of, Section 607.0505, Florid	da Statute	S.	o corporatio	n's board of directors. I hereby accep	, the appointment	.5 1091015154
SIGNATURE								
· 	Signature, typed or printed name of registered agen			ent si	gnature required	when reinstating)	DATE	
12.	OFFICERS AND	DELETE	13.	·· •	· 1 ·····	ADDITIONS/CHANGES TO OFFICE		
TITLE	OUNDINOUS COMADO C	□ Dereie	1.1 TATLE		İ		Change	AQUIUDII
NAME	CUNNINGHAM, HOWARD G		1.2 NAME					
STREET ADDRESS	313 SW 15TH AVE		1.3 STREE	T ADD	ress			
CiTY+ST-ZiP				1.4 CITY-ST-ZIP			(henri	1 44490
TITLE				2.1 TITLE			∐ Change	Addition
NAME	CUNNINGHAM, DONALD J		2.2 NAME					
STREET ADDRESS			23 STREET ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL			2 4 CITY - ST - ZIP			70000	
TITLE			31 TITLE				Change	Addition
NAME	CUNNINGHAM, CECELIA Y		3 2 NAME					
STREET ADDRESS	313 SW 15TH AVE		3 3 STREE					
CHTY-ST-ZIP	BOYNTON BEACH FL	I nevere	3.4. CITY -	ST - Z	IP		[] Ohanas	Lalation
TITLE		DELETE	4.1 TITLE				Change	noilibbA []
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE					
CITY - ST - ZIP		☐ DELETE	44 CITY-:	ST-Z	<u> </u>		Chana	Addition
TITLE			5.1 TITLE		1		Change	L. ACUMUDI
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREE					
CITY-ST-ZIP			5.4 CITY -	ST- 21	P	Change		A aldisin-
TITLE			6 1 TITLE				L.J Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			63STREE					
CITY - ST - ZIP	t should be set to the second	The state Element and the state of the	64 CITY-			Castler 440.07/09/0 (2)	1.6.44.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	-1 4b -
14. I do herel	by certify that the information supplied	with this filing does not qualify i	tor the ex	emp	tion stated i	n Section 119.07(3)(i), Florida Statutes	 Further certify th 	at the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. -6-96 561-7362831