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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004440

HATLEY PEST CONTROL, INC.

Principal Place of Business

8601 DUNWOODY PLACE. SUITE 504 ATLANTA GA 30350

Mailing Address

8601 DUNWOODY PLACE. SUITE 504 ATLANTA GA 30350

## **FILED** Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90021 039 \*\*\*550.00



			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			08/03/1998	
2. Principal Place of Business	2a, Mailing Address	<del></del>	4. FEI Number 58-2403323	Applied For
FO/ 0 +1 D/11 1 0:	<b>⊢</b>		APPLIED FOR	Not Applicable
[21]	26		ALTERED TOTI	\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22	27			_==_
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Winter Gardern, FL	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	<ol><li>This corporation owes the current year in</li></ol>	
24 34787 25	29 30	o	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	l Agent
		81 Name		
C T CORPORATION SYSTEM			1 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>_</del>
1200 SOUTH PINE ISLAND ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
I DAMANON I C 30024		33		ì
		84 City		85 Zip Code
			FI	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
office or registered agent, or both, in the State	of Florida. Such change was auth	norized by the corporat	tion's board of directors. I hereby accept the appo	ointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0303, Florid	a Statutes.		
SIGNATURE	ANOTE P	egistered Agent signature requi	red when reinstation) DATE	
Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
	DELETE		Secretary	Change Addition
TITLE CP	□ beceie		Suzanne di Bow	
NAME DELK, GLENN A		1.2 NAME		504
STREET ADDRESS 8601 DUNWOODY PLACE, SUITE 504		1.3 3 INEE! ADDITES	8601 Dunwoody Place, Ste,	304
CITY-ST-ZIP ATLANTA GA 30350		1.4 CITY-ST-ZIP	Atlanta, GA 30350	
TITLE V.	KADELETE	.2.1 TITLE		☐ Change — ☐ Addition
NAME JORDAN, PAMELA S	Α.	2.2 NAME		
THE PROPERTY OF LOT OF THE PARTY		2.3 STREET ADDRESS		
171 1174 OA 000F0				
CITY-ST-ZIP ATLANTA GA 30350		2.4 CITY-ST-ZIP		Change Addition
TITLE D	<b>XX</b> DELETE	3.1 TITLE		
NAME BRANDS, JAMES E		3.2 NAME		
STREET ADDRESS 8601 DUNWOODY PLACE, SUITE 504		3 3 STREET ADDRESS		ļ
CITY-ST-ZIP ATLANTA GA 30350		3.4. CITY- \$T- ZIP		
TITLE ST	<b>A</b> ⊅ELETE	4.1 TITLE		☐ Change ☐ Addition
NAME WISDOM, SILVANA C		4.2 NAME		
	ITE EOA	4.3 STREET ADDRESS		
STREET ADDRESS 8601 DUNWOODY PLACE, SU	HE 304			
CITY-ST-ZIP ATLANTA GA 30350		4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE AS	☐ DELETE	5.1 TITLE		□ Anange □ Addition
NAME HEMBREE, KIMBERLY A		5.2 NAME		
STREET ADDRESS 8601 DUNWOODY PLACE, SU	ITE 504	5.3 STREET ADDRESS		
CITY-ST-ZIP ATLANTA GA 30350		5.4 CITY-ST-ZIP		
HTLEAS	DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
NAME QUIROS, PAUL A		6.3 STREET ADDRESS		
STREET ADDRESS 191 PEACHTREE STREET				
CITY-ST-ZIP ATLANTA GA 30303-1763		6.4 CITY-ST-ZIP		- 416 . th - 4 th - information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatinidicated 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, with all other like empowered.

SIGNATURE: \_