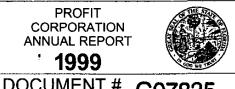
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90008 002 ***150.00

1. Corporation	Name " GU/83	O .						
SUNSHINE PEST CONTROL SERVICE, INC.								
		, , , , , , , , , , , , , , , ,			,	I PRECINC CON COUNT (DARK) (DIAG (1/2) CAN		H BIBH BYON BIBH HOR
					,			
Principal Place of Business Mailing Address							B	*** ***********************************
813 SE 47TH STREET 813 SE 45TH								
CAPE CORAL	FL 33904	ESSS COLOADA Ade-E CAPE COLAFI, 33904			100	DO NOT WRITE IN THIS SPACE		
		5355C01	OA	A	ae-e	3. Date Incorporated or Qualified		
		CAPE POCA	Flo	3	3904	11/09/1982		
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Applied For
<u></u>		26				59-2246106	- 00	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State			_	6. Election Campaign Financing		i.00 May Be
23		28				Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Cor	ıntry		8. This corporation owes the current year	ar	_/
24	25	29	30		_	Intangible Personal Property.	Yes	No
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Registe	ered Agent	
KOLB, JOHN					Name			ł
	SE 47 STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	PE CORAL FL 33904			83				
				84	City		FL 85	Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statute	s, the ab	.LL	named corpora	ation submits this statement for the purpose	of changing	its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorize	d by t	the corporation	n's board of directors. I hereby accept the a	ppointment	as registered
SIGNATURE	an turning with, and accopt the cong							
	Signature, typed or printed name of registered age			ered Ag	ent signature requir		TE	
12.	PTS OFFICERS AN	ID DIRECTORS	13.	me		ADDITIONS/CHANGES TO OFFICER		
NAME	KOLB, JOHN CONRAD	DELETE	1.2 N				Cna	ange Addition
STREET ADDRESS	813 SE 47TH ST.		The state of the s		ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 00000			ITY-ST-				
TITLE		DELETE	2.1 TI				☐ Chi	ange Addition
NAME			2.2 N	AME				•
STREET ADDRESS			2.3 S1	TREET /	ADDRESS			
CITY-ST-ZIP				ITY-ST-	ZIP		F	
TITLE		DELETE	3.1 TI				L Cha	ange Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		Doe: etc	3.4 C	ITY-ST-	<u> </u>			ange Addition
NAME		L DELETE	4.2 N		İ		\$16	ande 🗀 vaniioti
STREET ADDRESS			4.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP				ITY-ST-				
TITLE		DELETE	5.1 TI	ITLE			Ch:	ange Addition
NAME			5.2 N					
STREET ADDRESS			5.3 ST	TREET	ADORESS			
CITY-ST-ZIP			-	ITY-ST-	ZIP		r-n .	[]
TITLE		DELETE	6.1 TI				∟ Cha	ange L Addition
NAME			6.2 N		ADDGECC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for t	he exem	ITY-ST-: ption	stated in section	on 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information
indicated o	on this annual report or supplemental	annual report is true and accu	rate and	that r	mv sianature s	shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and	under oatn:	that I am
in Block 12	or Block 13 if changes, or or an att	achment with an address.	/				,	

5877249008-2 6107835