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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G24519** **(2)**

1. Corporation Name

PEPPY'S PEST CONTROL, INC.

Principal Place of Business	Mailing Address
1101 HWY I. STATE T. BUNNELL FL 32110 US	310 CUMBERLAND AVE ORMOND BCH FL 32174

2. Principal Place of Business 21 903 Hibiscus ST. Suite, Apt. #, etc. 22 # 3 City & State 23 Bunnell, Fla. Zip 24 32110 Country 25 US	2a. Mailing Address 26 310 Cumberland AVE Suite, Apt. #, etc. 27 City & State 28 ORMOND Beach, FL Zip 29 32174 Country 30 US

3. Date Incorporated or Qualified: **02/17/1983**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2457870** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERDEGUEZ, JULIO **310 CUMBERLAND AVE** **ORMOND BCH FL 32174**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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.

SIGNATURE: _____ Name and/or Printed Name of Registered Agent _____ NOTE: Registered Agent's signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BERDEGUEZ, JULIO			
STREET ADDRESS	310 CUMBERLAND AVENUE			
CITY-ST-ZIP	ORMOND BEACH FL			
TITLE	DP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BERDEGUEZ, JULIO			
STREET ADDRESS	310 CUMBERLAND AVE			
CITY-ST-ZIP	ORMOND BCH, FL 00000			
TITLE	ST	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BERDEGUEZ, ROSALIE			
STREET ADDRESS	310 CUMBERLAND AVE			
CITY-ST-ZIP	ORMOND BEACH FL			
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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.

SIGNATURE: Julio Berdeguez 4/22/96 904-672-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #