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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

SAFEKILL PEST CONTROL INC.

FILED
Jan 20 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			
C/O EMMITT W. MONEY 3200 N POCATELLO RD. 3200 N PARK FL 33825 AVON PARK FL 33825		DO NOT WRITE IN THIS S	PACE	
			3. Date Incorporated or Qualified 03/07/1983	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 342 Lemon Avenue	26 3200 N. Pocate	ello Rd.	59-2262572	Not Applicable
Suite, Apt. #, etc. Sebring, Florida	Suite, Apt. #, etc. 27 Avon Park, Florida		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33870 25 Highlands	├ ─┐ '	^{intry} ghlands	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes \[\] No
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
MONEY, EMMITT W. 3200 N. POCATELLO RD. AVON PARK FL 33825		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				

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MONEY, EMMITT W 1.2 NAME NAME 3200 N PORATELLO RD STREET ADDRESS 1.3 STREET ADDRESS AVON PARK, FL 00000 CITY - ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE DS 2.1 TITLE NAME MONEY, SHERRY F. 22 NAME 3200 N.POCATELLO RD. 2.3 STREET ADDRESS STREET ADDRESS AVON PARK, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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. (941)453-6579