FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G31073** **(1)**

1. Corporation Name

ONCE-IN-A-WHILE PEST CONTROL, INC.

Principal Place of Business

~~810 S MAITLAND AVE #107. MAITLAND. FL~~
P O BOX 2482
WINTER PARK FL 32790

Mailing Address

~~810 S MAITLAND AVE #107. MAITLAND. FL~~
P O BOX 2482
WINTER PARK FL 32790

2. Principal Place of Business	2a. Mailing Address
21 1780 TONTO TRAIL	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MAITLAND FL.	28 City & State
24 Zip 32751 25 Country ORG.	29 Zip 30 Country

3. Date Incorporated or Qualified: 03/30/1983
3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-2302242 ☐ 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

NMAGGIACOMO, HENRY
1780 TONTO TRAIL
MAITLNAD FL 32751

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEITZ, ANN		1.2 NAME	
STREET ADDRESS	1780 TONTO TR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGGIACOMO, HENRY		2.2 NAME	
STREET ADDRESS	1780 TONTO TR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(k), 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: Henry Maggiacomo HENRY MAGGIACOMO 4/5/96 407 628-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)