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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # G48111

1. Corporation Name RINGDAHL PEST CONTROL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90003 025 ***150.00

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Principal Place	e of Business	Mailing Address					#1#11 #1#11 #1#1	. 81814 61811 1881
403 NE 6TH AVENUE P.O. BOX 988 BOYNTON BEACH FL 33435 POST OFFICE BOX 988 US BOYNTON BEACH FL 334 US			125-0988			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		1
						06/20/1983	- 11	Applied For
_ ·	face of Business	2a. Mailing Address				4. FE! Number		Not Applicable
Cuita Ant	#	Suite, Apt. #, etc.	-11			59-2310898		Additional
Suite, Apt.	<u> </u>	27	NI	<u>H</u>	<u>-</u>	5. Certificate of Status Desired	Fee R	Required
City & Stat	e / ·	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zíp	$\overline{}$	untry		8. This corporation owes the current year to		V
4	25	29	30			Personal Property Tax.	Yes	ΧNο
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
DIM	DALIE ISSUED D			81	Name	NIA		ļ
	SDAHL, JAMES D.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	SOMERSET RD.							
LAN	TANA FL 33462			83				
				84	City	F'	85 Zíp	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was	authorize	d by tr	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoints	if changing it pintment as r	ts registered registered
SIGNATURE						d when reinstating) DATE		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT ND DIRECTORS			signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	OPS IN 12
12.	PDT	DELETE	13.			ADDITIONS/CHANGES TO OFFICERULE	Change	
	RINGDAHL, JAMES D.			IAME	}		_ ,	_ }
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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, with all other like empowered.

SIGNATURE:

1-28-99

561-939-6413 Daytime Phone #