

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 # **G83439** (1)

1. Corporation Name

PESTOP COMMERCIAL PEST PREVENTION INC.



Principal Place of Business

Mailing Address

4699 N. STATE RD. 7
SUITE #L-2
TAMARAC FL 33319

4699 N. STATE RD. 7
L-2
TAMARAC FL 33319
US

3. Date Incorporated or Qualified
02/06/1984

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **6047 KIMBERLY BLVD**

26 **6047 KIMBERLY BLVD**

4. FEI Number
65-0099168

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **SUITE V**

Suite, Apt. #, etc.

27 **SUITE V**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **NORTH LAUDERDALE, FL**

City & State

28 **NORTH LAUDERDALE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 **33068**

Country

25 **US**

Zip

29 **33068**

Country

30 **US**

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

**MATHISON, TOM B.
6721 BLVD OF CHAMPIONS
N LAUDERDALE FL 33068**

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

Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE
NAME **MATHISON, TOM**
STREET ADDRESS **6721 BLVD OF CHAMPIONS**
CITY- ST- ZIP **N LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **BUDZ, JOSEPH B.**
STREET ADDRESS **4147 NW 90 AVE #207**
CITY- ST- ZIP **CORAL SPRINGS FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Joseph B. Budz, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH B. BUDZ, V.P.
4/22/96

(954)
984-8801

CR2E034 (12/95)