

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G89416**

(3)

1. Corporation Name

CROUSE EXTERMINATING, INC.



Principal Place of Business

**4739 PALM BEACH BLVD.
FT. MYERS FL 33905
US**

Mailing Address

**P.O. BOX 50074
TICE FL 33905
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REEVES, PHYLLIS ANN
4045 IROQUOIS AVENUE
FT. MYERS FL 33916**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

03/08/1984

3a. Date of Last Report

03/15/1995

4. FEI Number

59-2384747

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

10. Name and Address of New Registered Agent

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 of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME

**REEVES, PHYLLIS ANN
4045 IROQUOIS AVENUE
FT. MYERS FL**

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY-STATE-ZIP

14. CITY-STATE-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-STATE-ZIP

24. CITY-STATE-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-STATE-ZIP

44. CITY-STATE-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change ☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change ☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-STATE-ZIP

64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

941-694-2223

Date

Don't include

CR2E034 (12/95)