

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90015 030 ***150.00

DOCUMENT # G95817

1. Corporation Name

PHOENIX PEST CONTROL, INC.

Principal Place of Business

**311-D N. TAMiami TRAIL
P.O. BOX 247
RUSKIN FL 33570**

Mailing Address

**4370 US 41 S
100
SARASOTA FL 34231
US**

2. Principal Place of Business

21 10660 US Hwy 301 S.

2a. Mailing Address

26 1865 Tamiami Trl S.

Suite, Apt. #, etc.

22 P.O. Box 208

Suite, Apt. #, etc.

27 Suite B

City & State

23 Riverview FL.

City & State

28 Venice FL.

Zip

24 33568-0208 25 USA

Zip

29 34293 30 USA

9. Name and Address of Current Registered Agent

**ARMSTRONG, STEVEN D.
5809 BRIARWOOD AVE.
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1984

4. FEI Number

59-2388410

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 **Steven D. Armstrong President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ARMSTRONG, STEVE D.**

STREET ADDRESS **5809 BRIARWOOD AV.**

CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE

NAME **ARMSTRONG, BARBARA D.**

STREET ADDRESS **5809 BRIARWOOD AV.**

CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☐ DELETE

NAME **HEATH, JON**

STREET ADDRESS **4005 REDBIRD CIRCLE**

CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

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

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:

Steven D. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

(941) 954-5474
Daytime Phone #
(941) 645-7949

CR2E034 (1/98)

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