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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H00471

(3)

Corporation Name

TROPICARE PEST CONTROL, INC.

Principal Place of Business Mailing Address				·····			
2230 DESTINY WAY ODESSA FL 33556 2230 DESTINY WAY ODESSA FL 33556							
					3. Date Incorporated or Qualified 04/24/1984	3a. Date of Last Report 02/16/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			59-2450675	Not Applicable	
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	·	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζφ 24	Country 25	Zip 29	30 Cou	ntry	This corporation has liability for Florida Statutes		
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New R	Registered Agent	
				81 Name			
HEINEMANN, DOUGLAS F.				82 Street Address (P.O. Box Number is Not Acceptable)			
	ANDREWS BLVD			83			
IANTON	SPRINGS FL 34689						
				84 City		FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ve-named cor	poration submits this statement for the pur		
or regiment	ed agent, or both, in the State of Florid h, and accept the obligations of, Sect	a. Such Change was alline	MINERAL CONTRACT	orporation's b	poration submits this statement for the pur poard of directors. I hereby accept the appor	ointment as registered agent. I am	
SIGNATURE _							
	Signature, typical or printed name of registered agent			Agent signature rec	guired when reinstating)	DATE	
12. Tillif	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF		
NAME	PSD SIGNAMA DOLLOLAGE	DELETE	1.170			Change Addition	
STREET ADDRESS	HEINEMANN, DOUGLAS F. 2942 ST. ANDREWS BLVD.		1.2 NA				
CITY-S1-7P	TARPONS SPRINGS FL			RÉET ADDRESS			
St. 1 - 2 - 2 !!!	TANFONS SPRINGS FL	DELETE	14 CI	Y - ST - ZIP		D.Charles D. Addition	
NAME			i			☐ Change ☐ Addition	
STREET ADDRESS			22 NA	ŀ			
CHY-ST ZIP				REET ADDRESS			
TILLE		DELETE	3 1 1	Y-ST-ZIP		☐ Change ☐ Addition	
NAME			3.2 NA	- 1		— outside — Maddon	
STREET ADDRESS				REET ADDRESS			
CI*Y+ST-7IP				Y - \$7 - ZIP			
Tillet		DELETE	4.11/			Change Addition	
NAME			4 2 NA	ME			
STREET ADDRESS				REET ADDRESS			
City - St - ZiP			4 4 C T	Y-\$1-ZIP			
MEE		DELETE	5. 1 Til			☐ Change ☐ Addition	
NAME			5.2 NA	ME			
S'REET ADORESS			5 3 STF	REET ADDRESS			
CITY-ST ZIP				Y-ST-ZIP			
UILE		☐ DELETE	6 1 7 17			☐ Change ☐ Addition	
NAME			6 2 NAI	ME			
STREET ADDRESS			63511	EET ADDRESS			
C-11-51-2-P				Y-S1-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), Fiorida Statutes. I further certify that the informal of indicated in this annual report is 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 officiator of ects 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 flock 13 changed, or final an address.

SIGNATURE:

WUS HALLING OF BIGNING OFFICER OR DIRECTOR

3-1-96

372-9227 Destrie Phone *