## 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 #** 

H01159

(3)

**FILED** Apr 29 1996 8:00 am Secretary of State



HYLLEI	DEN PEST CONTRO NCID									
Principa' Place		Mailing Address				····				
4141 PINE FOREST RD. 4141 PINE FOREST RD. P.O.BOX 7558 (PENSACOLA.FL.325138558) P.O.BOX 7558 (PENSACOLA.FL.325138558) CANTONMENT FL 32533				32513	8558)					
						3. Date Incorporated or Qualified	3a. Date			
2. Principal Pia	ce of Business	2a. Mailing Address				04/27/1984 4. FE! Number	.1. 0	1 <u>/27/19</u>	<b>90</b> Applied For	
21		26			59-2409555	Not Applicable				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				-		Additional		
22		27			5. Certificate of Status Desired			Required		
Orty & State		City & State			6. Election Campaign Financing		\$5.0	O May Be	7	
<b>Z</b> (p	Country	28	1 0.			Trust Fund Contribution			d to Fees	_
24	25	Ζιρ <b>29</b>	30	untry		8. This corporation has liability for i	_	cunder s	199.032,	
	g. Name and Address of Currer			1		Fiorida Statutes Yes No  10. Name and Address of New Registered Agent			4	
				81	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 9.0.0.00	9011		-
BEARD,	JOYCE			82	Chanal Ad	July /D.O. Poy Number is Not Assection	'al			_
	NE FOREST RD.			62	Street Ad	Address (P.O. Box Number is Not Acceptable)				
CANTON	MENT FL 32533			83						_
				84	City		~ <del></del>	85 Zı	n Code	-
					-		FL	1 .		
or registere	iu agent, or both, in the State of Fion	da. Suon change was aumorizi	ed by the i	ove n. corpo	amed corp	oration submits this statement for the purp pard of directors. Thereby accept the appo	pose of chai	nging its r	egistered offic	е
familiar with	i, and accept the obligations of, Sect	ion 607.0505 Florida Statutes				a a or or octors. Thoreby according appe	zirinieni ası	egistered	agen. Lan	
SIGNATURE	Synature, typical or profited raining of registered agest		T. F							
12.		D DIRECTORS	13.	1 600	Sightal the feeto	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIBECTO	DC IN 10	_ ર્જ
THILE	PST	DELETE	1 1 TITLE			ADDITIONS/OFFANGES TO OFF		Change	Addition	
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NAME	BEARD, JOYCE	22 N								İ
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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 brider oath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BEARD 4-22 96 904 476.7997