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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20 1998 8:00am Secretary of State

Principal Place	MENT # H0314 E JONES PEST CONTROL	, INC. Mailing Address				
803 EAST BEI		Mailing Address 803 EAST BELMONT ST.				
PENSACOLA FL 32501		PENSACOLA FL 32501				
				3. Date Incorporated or Qualified	E IN THIS SPACE	
				05/11/1984		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		<u>59-2544 195</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional
City & State		City & State				Required
3	•	28		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p		
4	25	29	30	Personal Property Tax due Jun	e 30. X Yes	□ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent	
JONES, CHARLES H			81 Name			
	BELMONT ST. NSACOLA FL 32501		82 Street Add	ress (P.O. Box Number is Not Accepta	able)	~···
FCI	10MOULA PL 32001		83			
			84 City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the tion's board of directors. I hereby acceptance		its registered
Office or re	egistered agent, or both, in the State	a of Etorida. Such obando wae				
agent. I a	m familiar with, and accept the oblig	gations of Section 607.0505, F	authorized by the corpora Iorida Statutes.	ition's board of directors. I hereby acce	ept the appointment a	as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	aumorized by the corporal lorida Statutes.	tion's board of d irectors. I hereby acce	ept the appointment a	as registered
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typod or printed name of registered age	gations of, Section 607.0505, F	lorida Statutes. TE: Registered Agent signature requi	ired when reinstating)	DATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered agr	gations of, Section 607.0505, F IPPY and title if applicable. (NO ND DIRECTORS	Iorida Statutes. TE: Registered Agent signature requi		DATE ICERS AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig Signature, typod or printed name of registered age	gations of, Section 607.0505, F	lorida Statutes. TE: Registered Agent signature requi	ired when reinstating)	DATE	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Infamiliar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD.	gations of, Section 607.0505, F IPPY and title if applicable. (NO ND DIRECTORS	Iorida Statutes. IE Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561	gations of, Section 607.0505, F IPPY and title if applicable. (NO ND DIRECTORS	ICF Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561	gations of, Section 607.0505, F IPPY and title if applicable. (NO ND DIRECTORS	IE: Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
agent. a SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G	gations of, Section 607.0505, F port and tills if applicable. (NO DIRECTORS DELETE	ICF Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	gations of, Section 607.0505, F port and tills if applicable. (NO DIRECTORS DELETE	IC Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G	pations of, Section 607.0505, F port and title if applicable. (NO ID DIRECTORS DELETE DELETE	IE Registered Agent signature requi	ired when reinstating)	DATE ICERS AND DIRECTO Change	ORS IN 12 Addition
agent. a SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	gations of, Section 607.0505, F port and tills if applicable. (NO DIRECTORS DELETE	ITE Registered Agent signature requi 13. 1.1 TITE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	ired when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12 Addition
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F port and title if applicable. (NO ID DIRECTORS DELETE DELETE	ICT Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTO Change	ORS IN 12 Addition
agent a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F port and title if applicable. (NO ID DIRECTORS DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ired when reinstating)	DATE ICERS AND DIRECTO Change	ORS IN 12 Addition
agent. a SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F port and title if applicable. (NO ID DIRECTORS DELETE DELETE	ICT Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
AGONT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F Out and tile if applicable. (NO ID DIFFECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F Out and tile if applicable. (NO ID DIFFECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGONT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F Out and tile if applicable. (NO ID DIFFECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
AGONATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
AGORT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ired when reinstating)	DATE ICERS AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and tile if applicable. (NO ID DIRECTORS DELETE DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS	ired when reinstating)	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
agent. I a SIGNATURE	Signature, typed or printed harne of registered age OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST.	pations of, Section 607.0505, F One and tile if applicable. (NO ID DIRECTORS DELETE DELETE DELETE DELETE	ITE Registered Agent signature requi 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE	ired when reinstating)	DATE ICERS AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
AGONT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	M familiar with, and accept the oblig Signature, typod or printed hame of registered agr OFFICERS AN PO JONES, CHARLES H 6620 EAST BAY BLVD. GULF BREEZE FL 32561 VPD JONES, CHARLES G 803 E. BELMONT ST. PENSACOLA FL 32501	DELETE D	ITE Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	ired when reinstating)	DATE ICERS AND DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition