

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H38552

(6)

1. Corporation Name
MARANATHA PEST CONTROL, INC.

Principal Place of Business

921 LINN HARBOR CT.
TARPON SPRINGS FL 34689
US

Mailing Address

921 LINN HARBOR CT.
TARPON SPRINGS FL 34689-5736
US



2. Principal Place of Business	2a. Mailing Address
21 1936 OVERVIEW DR.	26 1936 OVERVIEW DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 NEW PORT RICHEY FL.	28 NEW PORT RICHEY FL.
Zip	Zip
24 34655	29 34655
Country	Country
25 PASCO	30 PASCO

3. Date Incorporated or Qualified	3a. Date of Last Report
01/18/1985	05/01/1996
4. FEI Number	Applied For
58-2499551	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GUTTERMAN, ELMER L.
921 LINN HARBOR CT.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
1936 OVERVIEW DR.	
83	
84 City	FL
NEW PORT RICHEY	34655

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERMAN, ELMER L.	1.2 NAME	
STREET ADDRESS	921 LINN HARBOR CT.	1.3 STREET ADDRESS	1936 OVERVIEW DR.
CITY - ST - ZIP	TARPON SPRINGS FL	1.4 CITY - ST - ZIP	NEW PORT RICHEY FL. 34655
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERMAN, PATRICIA O.	2.2 NAME	
STREET ADDRESS	921 LINN HARBOR CT.	2.3 STREET ADDRESS	1936 OVERVIEW DR.
CITY - ST - ZIP	TARPON SPRINGS FL	2.4 CITY - ST - ZIP	NEW PORT RICHEY FL. 34655
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, DONALD I.	3.2 NAME	
STREET ADDRESS	8357-77TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

Date

818-576-5021

Daytime Phone #

CR2E034 (9/96)