

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1836 OVERVIEW DR NEW PORT RICHEY FL 34655 US	Mailing Address 1836 OVERVIEW DR NEW PORT RICHEY FL 34655 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7039 WHITTINGTON CT. Suite, Apt. #, etc.		2a. Mailing Address 26 7039 WHITTINGTON CT. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1985	
22 City & State NEW PORT RICHEY FL.		27 City & State NEW PORT RICHEY FL.		4. FEI Number 59-2499551	
23 Zip 34653		28 Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34653		25 PASCO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 34653		30 PASCO		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUTTERMAN, ELMER L.
1836 OVERVIEW DR
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7039 WHITTINGTON CT.
83
84 City NEW PORT RICHEY
85 Zip Code FL 34653

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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GUTTERMAN, ELMER L.	
STREET ADDRESS	1836 OVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GUTTERMAN, PATRICIA O.	
STREET ADDRESS	1836 OVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERMAN, DONALD I.	
STREET ADDRESS	8357-77TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7039 WHITTINGTON CT.
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL. 34653
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7039 WHITTINGTON CT.
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL. 34653
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)