

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H55648** (0)

1. Corporation Name

**COLUMBIA PESTMASTERS, INC.**

Principal Place of Business

**777 W. WASHINGTON STREET  
P.O. BOX 1994  
LAKE CITY FL 32056**

Mailing Address

**777 W. WASHINGTON STREET  
P.O. BOX 1994  
LAKE CITY FL 32056**



3. Date Incorporated or Qualified

**05/07/1985**

3a. Date of Last Report

**01/27/1995**

4. FEI Number

**59-2523461**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOX, GLYNN  
ROUTE 2, BOX 49  
LIVE OAK FL 32060**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

1. 1. TITLE ☐ DELETE  
NAME **DPS**  
STREET ADDRESS **BOX, CARROL G.**  
CITY-STATE-ZIP **RTE 2 BOX 49**  
**LIVE OAK FL**

1. 1. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-STATE-ZIP

2. 1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP

3. 1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-STATE-ZIP

4. 1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP

5. 1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-STATE-ZIP

6. 1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-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), 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: *Carrol G. Box* **Carrol G. Box**

**2-1-96**

**904-755-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)