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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	MENT # H61	324	(0)							
Corporation GLENI	n Name N'S PEST & TERMITE (CONTROL, INC.	` '							
ьнора! Place	o of Business	Mailing Add	dress						18)1 BIBIT #1811	MANK MURKI INNI
			N L. HALPAIN							
2081 TAMIA PORT CHAR	MI THAIL RLOTTE FL 33948		VIAMI TRAIL KARLOTTE FL 3:	3948						
						3. Date Incorporated or Qu 06/03/1985	Jalified		e of Last R 07/25/19	
- Principa' Pt I	lace of Business	2a. Mailing	Address			4. FEI Number				Applied For
Suite, Apt.	# ofc	26 Suite A	upt #, etc.			59-2556892				Not Applicab
cone, ran	*, Cit.	27	apri er, esco.			5. Certificate of Status Des	sired		•	Additional Regulred
City & State	е	City & S	State			6. Election Campaign Fina	ncing			May Be
l		28	-			Trust Fund Contribution				d to Fees
- Ζφ L	Country	7(p	-	Country		This corporation has liab		~	lax under s	199.032,
	25] 9. Name and Address of C	29 Current Registered Ar		30		Florida Statutes 10. Name and Address o	New Rec		Anent	
				81 Na	ime	TO. THE THE PERSON OF THE PERS	11011 110	10.00	- Agont	
HALPAI	in, glenn L.			82 Str	root Address	is (P.O. Box Number is Not A	ccentable			
	AMIAMI TRAIL			62 30	eer Addres	S (F.O. BOX NUMBER S NOT A	cceptable)	,		
PORT (CHARLOTTE FL 33948			83						
				84 Cit					85 Zi	o Code
					•			<u>FI</u>	_ '	
1. Pursuant or register	to the provisions of Sections 607	7.0502 and 607.1508, I	Florida Statutes, was authorized		•	ion submits this statement for	r the purpo		_ '	egistered offi
Pursuant or register familiar wi	to the provisions of Sections 607 red agent, or both, in the State o itn, and accept the obligations of	7.0502 and 607.1508, I of Florida. Such change f, Section 607.0505, Flo	Florida Statutes, was authorized orida Statutes.		•	ion submits this statement fo of directors. I hereby accept	r the purpo the appoin		_ '	registered off i agent. I am
tamiliar wi	ith, and accept the obligations of	f, Section 607.0505, Flo	orida Statutes.	, the above-name by the corporati	ed corporation's board		r the purpo the appoir	ose of characters	_ '	egistered off agent. I am
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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 eath, 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 charged, or on an attrichment with an address.

SIGNATURE: