

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

000227

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90112 033 ***150.00

DOCUMENT # H61763

1. Corporation Name

WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.

Principal Place of Business

2800 NW 22ND TERRACE
POMPANO BEACH FL 33069
US

Mailing Address

800 LANIDEX PLAZA
P O BOX 367
PARSIPRANY NJ 07054-0367
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1985

4. FEI Number

59-2555629

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **400 Fairway Drive**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 105**

Suite, Apt. #, etc.

27 City & State

City & State

23 **Deerfield Beach**

City & State

28 Zip

Zip

24 **33441**

Country

25 **USA**

Zip

29 **30**

Country

30

9. Name and Address of Current Registered Agent

WALTERS, D. THOMAS
2800 NW 22ND TERRACE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

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

400 Fairway Drive

83 **Suite 105**

84 City

Deerfield Beach

FL

85 Zip Code

33441

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	D	XX DELETE
NAME	SAMETH, JOSEPH EDWIN	
STREET ADDRESS	45 WOODFIELD DR	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMETH, ROBERT A.	
STREET ADDRESS	TALL PINES ROAD	
CITY-ST-ZIP	NEW VERNON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, BRUCE S.	
STREET ADDRESS	1822 LAMBERTS MILL RD	
CITY-ST-ZIP	WESTFIELD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMETH, RICHARD E.	
STREET ADDRESS	954 BARNEGAT LN	
CITY-ST-ZIP	MANTOLOKING NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOURISH, STUART M.	
STREET ADDRESS	9 OAK LAWN DR	
CITY-ST-ZIP	EAST HANOVER NJ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MORRIS, JEANNE L.	
STREET ADDRESS	521 CRESCENT PARK	
CITY-ST-ZIP	SEA GIRT NJ	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BURKE, JEANNE L.
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, with all other like empowered.

SIGNATURE

Stuart Yourish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Yourish

1/5/99

973-515-0100

Date

Daytime Phone #

CR2E034 (11/98)