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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H74015** (9)

1. Corporation Name
NEW CONCEPT PEST CONTROL OF BROWARD COUNTY, INC.

Principal Place of Business
7231 TROPICANA ST
MIRAMAR FL 33023
US

Mailing Address
7231 TROPICANA ST
MIRAMAR FL 33023-2657
US

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 13177 56 PL. NORTH
22: Suite, Apt. #, etc.
23: City & State: ROYAL PALM BCH FL
24: Zip: 33411 25: Country: US

2a. Mailing Address
26: 13177 56 PL N.
27: Suite, Apt. #, etc.
28: City & State: ROYAL PALM BCH FL.
29: Zip: 33411 30: Country: US

4. FEI Number: 59-2578841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
NORMAN, ROBERT K.
7231 TROPICANA ST
MIRAMAR FL 33023

10. Name and Address of New Registered Agent
81 Name: NORMAN, ROBERT K.
82 Street Address (P.O. Box Number is Not Acceptable): 13177 56 PLACE NORTH
83:
84 City: ROYAL PALM BEACH FL 85 Zip Code: 33411

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] ROBERT K. NORMAN PRES. 21 APR '97
Signature, typed or printed name of registered agent and title if agent is an officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition
		PRESIDEN NORMAN, ROBERT K. 13177 56 PLACE NORTH ROYAL PALM BEACH FL.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
PD NORMAN, ROBERT 7231 TROPICANA ST MIRAMAR FL			

CR2E034 (9/96)

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] 21 APR 97 ROBERT K. NORMAN PRES.