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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H80917

(8)

FAMILY PEST CONTROL, INC.

FILED Apr 09 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address	II MINIT NENT NIKII MINIT MINIT IN II
	is Bilbur Bilana 44041 ahlbu dilbin 1041
4384 HUNTING TR LAKE WORTH FL 33467 US 4384 HUNTING TR LAKE WORTH FL 33467 US DO NOT WRITE IN	THIS SPACE
3. Date Incorporated or Qualified	
10/07/1985	
2. Principal Place of Business 2a. Mailing Address 4, FEI Number	Applied For
26 59-2635419	Not Applicable
Suite, Apr. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6, Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	
Zip Country Zip Country 8. This corporation owes or has paid the	ne current year Intangible
24 25 29 30 Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Regist	ered Agent
DRAGO, ROBERT State And American Page 181 Name And American Americ	
4384 HUNTING TR 82 Street Address (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33467	
63	
84 City	B5 Zip Code
44 Directors to the excursions of Sections 607 0502 and 607 1509 Elevide Statutes the above named corporation submits this statement for the purpose	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpoffice 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	e appointment as registered
I agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
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SIGNATURE	ATE
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) D	ATE
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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.