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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # -

|  | MENT # H84903 TERMITE AND PEST CONTR   | • •                               |                            |              |                     |                           |                      |                 |                      |
|--|--|-----------------------------------|----------------------------|--------------|---------------------|---------------------------|----------------------|-----------------|----------------------|
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | TEMMITE FAILS FEST SOLVING   |                                   |                            |              |                     |                           |                      |                 |                      |
| Principal Plac                                     | e of Business  | Mailing Address                   |                            |              | i isaliāli aisi     | JOHN ONDER HOUR BONDS     | uuli aadali sidii di | .011 B1011 B18: | 41 <b>010</b>   1061 |
| 2903 36TH AVE. W. 280                              |  | 2903 36TH AVE. W.                 |                            |              |                     |                           |                      |                 |                      |
| BRADENTON FL \$4205 BRADENTON FL 34205             |  |                                   |                            |              |                     | DO NOT WRIT               | TE IM THIS ST        | PACE            |                      |
| ,  |  |                                   |                            | -            | 3. Date Incorpo     | rated or Qualified        |                      | - AOL           |                      |
|  |  |                                   |                            | ľ            | 11/12/198           |                           |                      |                 |                      |
| 2. Principal P                                     | lace of Business   | 2a. Mailing Address               |                            |              | 4. FEI Number       | <u></u>                   |                      | A               | pplied For           |
| 21 280   | TIM AVE W  | 26 2801 11TH                      | AVEW                       |              | 59-2643             | 915                       |                      |                 | ot Applicable        |
| Suite, Apt.  | W. Stc.  | Suite, Apt. #, etc.               |                            |              | 6. Certificate of   | Status Desired            |                      |                 | Additional           |
| City & Stat  | A.   | City & State                      |                            |              | 6 Floation Corr     | paign Financing           |                      |                 | equired              |
| 23 B RA  | denton FL  | 28 BRADENTON                      | V EL                       |              | Trust Fund C        |                           |                      |                 | May Be<br>to Fees    |
| Zip  | Country  | Zip                               | Country                    |              | <del></del>         | ion owes or has p         | paid the curre       | nt year Int     | tangible             |
| 24 343   | 05 25 MANATEE  |                                   | 3TANAMO                    | ا ع          |                     | perty Tax due Jur         |                      |                 | ] No                 |
|  | 9, Name and Address of Current   | Registered Agent                  | 81 Name                    | •            | ID. Name and A      | ddress of New F           | legistered A         | gent            |                      |
| PACE, MART B.                                      |  |                                   |                            |              | E, m.               | RUB                       |                      |                 |                      |
| 2903 36TH AVE. W. 82 Street Add BRADENTON FL 34205 |  |                                   |                            |              | (P.O. Box Numi      | per is Not Accept<br>En W | able)                |                 |                      |
| DK.  | AUENTON FL 34205   |                                   | 83 EL OC                   | x1           | (1,1 <u>1</u> 1,1 1 | EW                        |                      |                 |                      |
|  |  |                                   | 01 07 0                    |              |                     |                           |                      | In Table        | <u> </u>             |
|  | •  |                                   | 84 City 6                  | RAAE         | Notime              | N)                        | FL                   | 1 7 1           | Code<br>12.05        |
| 11. Pursuant                                       | to the provisions of Sections 607.0502<br>ogistered agent, or both, in the State of<br>magnitiar with, any ascept the obligati | and 607.1508, Florida Statutes    | the above-named            | corpora      | tion submits this   | statement for the         | purpose of c         | hanging i       | ts registered        |
| agent. I a   | m familiar with, any accept the obligati   | ions of, Section 607,0505, Florid | da Statules.               | poration     | s board or direct   | ors. Thereby acc          | abi the appoi        | nument as       | registered           |
| SIGNATURE  | Allinat Ry-Ma  | <i>ድ</i> ዕ ,                      |                            |              |                     |                           | 4-28                 | <u>-78</u>      |                      |
| 12.  | Standure, typed or police came of regeries a speni<br>OFFICERS AND   |                                   | Bagisterad Agent signature | e required w |                     | HANGES TO OFF             | DATE                 |                 | RS IN 12             |
| TITLE  | DP   | DELETE                            | 1.1 TITLE                  |              |                     |                           |                      | Change          | Addition             |
| NAME   | PACE, JAMES W. II  |                                   | 1.2 NAME                   |              |                     |                           |                      |                 | ĺ                    |
| STREET ADDRESS                                     | -2903 36TH AVE. W.   |                                   | 1.3 STREET ADDRESS         | 280          | 117#                | AVE W                     |                      |                 |                      |
| CITY-ST-ZIP  | BRADENTON FL 34205   |                                   | 1.4 CITY - ST - ZIP        |              |                     |                           |                      |                 |                      |
| TITLE  | DST  | DELETE.                           | 2.1 TITLE                  | ]            |                     |                           | ي                    | Change          | Addition             |
| NAME   | PACE, MARY B.  |                                   | 2.2 NAME                   | _            |                     | 016 67                    |                      |                 |                      |
| STREET ADDRESS                                     | -2903-36TH-AVEW.   |                                   | 2.3 STREET ADDRESS         | 280          | )     E             | AVE W                     |                      |                 |                      |
| CITY-ST-ZIP  | BRADENTON FL 34205   | DELETE                            | 2 4 CITY-ST-ZIP            | <del> </del> | ·                   | ·                         |                      | Change          | Addition             |
| TITLE<br>NAME                                      |  | L3 Officia                        | 3.1 TITLE<br>3.2 NAME      |              |                     |                           | L                    | Change          | ☐ Municoti           |
| STREET ADDRESS                                     |  |                                   | 3.3 STREET ADDRESS         |              |                     |                           |                      |                 | 1                    |
| CHTY-ST-ZIP  |  |                                   | 3.4. CITY-ST-ZIP           |              |                     |                           |                      |                 |                      |
| TITLE  |  | DELETE                            | 41 TITLE                   | -            | <del></del>         | <del></del>               |                      | Change          | Addition             |
| NAME   |  |                                   | . 4.2 NAME                 |              |                     |                           | -                    | _ ,             | _ (                  |
| STREET ADDRESS                                     |  |                                   | 4.3 STREET ADDRESS         |              |                     |                           |                      |                 | 1                    |
| CITY-ST-ZIP  |  |                                   | 4.4 CITY - ST - ZIP        | İ            |                     |                           |                      |                 |                      |
| TITLE  |  | DELETE                            | 5.1 TITLE                  |              | <u> </u>            |                           |                      | Change          | Addition             |
| NAME   |  |                                   | 5.2 NAME                   | (            |                     |                           |                      |                 |                      |
| STREET ADDRESS                                     |  |                                   | 5.3 STREET ADDRESS         |              |                     |                           |                      |                 |                      |
| CITY-ST-ZIP  |  |                                   | 5.4 CITY-ST-ZIP            |              |                     |                           |                      |                 |                      |
| TITLE  |  | DELETE                            | 6.1 TITL€                  |              |                     |                           | L                    | Change          | Addition             |
| NAME   |  |                                   | 6.2 NAME                   |              |                     |                           |                      |                 |                      |

14. Thereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: YOA A

STREET ADDRESS

B. VACE

& Mary De Pa

K-28.99

941-746-0695

**FILED** 

Jun 04 1998 8:00am

Secretary of State

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