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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89406

(3)

KLASSY PEST CONTROL, INC.

FILED	
May 01 1998	8:00am
Secretary of	State

Principal Place of Business 1864 LIVE OAK DR. 1964 LIVE OAK DR. 1964 LIVE OAK DR. 1964 LIVE OAK DR. 1965 LIVE OAK DR. 1965 LIVE OAK DR. 1965 LIVE OAK DR. 1965 LIVE OAK DR. 1966 LIVE OAK DR. 1968 LIVE OAK DR. 1968 LIVE OAK DR. 1969 LIVE OAK DR. 1960 LIVE OAK DR. 1				
1864 LIVE OAK ÓR. JACKSONVILLE FL 32244 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1986 2. Principal Place of Business 26. Mailing Address 4. FEI Number 59-2715245 Not Applied F Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country Zip Country DO NOT WRITE IN THIS SPACE Applied F Not Applied F Not Applied F Solite, Certificate of Status Desired Fee Required City & State City & State Country 8. This corporation owes or has paid the current year Intanguise	ddress	Mailing Address	Principal Place of Business	
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2715245 Not Applied F Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country Country Country Applied F Not Applie Suite, Apt. #, etc. Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Applied F Not Applied F Not Applied F Not Applied F Not Applied F Status Desired Fee Required Fee Required City & State City & State Status Desired Fee Required Fee Required Fee Required Fee Required Country Status Desired Fee Required Fee Required Fee Required Status Desired Fee Required Fee Requir	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	JACKSONVILLE FL 32244	1884 LIVE OAK ÖR. JACKSONVILLE FL 32246	
Suite, Apt. #, etc. 22 City & State City		2a. Mailing Address	. Principal Place of Business	
Fee Required City & State Ci	59-2715245 Not Applicable	26	i <u>l</u>	
23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intanguishe	5. Certificate of Status Desired	·····	¬	
- I will be position to was of has paid the composition from your interruption	5. Election Campaign Financing \$3.00 May 59	⊢ ¬ ′	¬ ·	
120 120 120 120 120 120 120 120 120 120	Country 8. This corporation owes or has paid the current year Intanguele Personal Property Tax due June 30. Yes No		¬ ·	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	gent 10. Name and Address of New Registered Agent	rrent Registered Agent	9. Name and Address of Curre	
BROOKS, MICHAEL L ESQ.				
437 E. MONROE ST.,#202 JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable)				
83	83	83		
84 City FL 85 Zip Code	84 City FL 85 Zip Code	B4 C		

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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PCT DELETE Change TITLE Addition 1.1 TITLE BROUGHMAN, LANA KLASSY NAME 1.2 NAME 1864 LIVE OAK DR 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 City - ST - 7IP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CFTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 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 suppliemental 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 changot, or on an attachment with an address.