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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91640

(3)

	Pest Pf	ROS, INC.									
Principal Place	of Busines	s	Ma	ailing Address			T SABINIT BIER O	MIGI IIMIA MIIII MINII AMI	ı detir əhibi a	IIIII DIBLI WIELE DI	FUR LUUT
8249 KRISTEL CIRCLE 8249 KRISTEL CIRCLE PORT RICHEY FL 34668-5910 PORT RICHEY FL 34668-591											
							3. Date Incorp. 01/01/198	orated or Qualified		ate of Last Re 26/1996	eport
2. Principal Pla	ace of Busin	ress	2a.	Mailing Address			4. FEI Number				plied For
21			26				59-26270	607			Applicable
Suite, Apt. #	t, etc.		1	Suite, Apt. #, etc			5. Certificate o	f Status Desired		\$8.75 A Fee Re	
22			27	City & State			5 51-2-0-				·
City & State	1		20	City & State			6. Election Car Trust Fund (mpaign Financing		\$5.00 Added to	
23 Zip		Country	28	Zip	Co	ountry		ation has liability fo		 	
24		25	29		30	•	Florida State			□ No	,00.002,
==1	9. Name	and Address of Cur		tered Agent	11		10. Name and	Address of New R	tegistered	Agent	
PRAT	T, CHARL	ES				81 Name ("HARIF	es m	00	アナム	-
11009	NAVAH() DR				82 Street Add	dress (P.O. Box Nurr	nber is Not Accepta	able)	~ 7 7 7 7	
NEW	PORT RIC	CHEY FL 34654				866	00 SK1	TZAMY	<u> </u>	DRI	<u> 30</u>
•						83		1			
						84 City		0		85 Zip (Code .
						" No	ew YORT	Kiche	<u>u FL</u>	. I 34	b54
						1 116					
11. Pursuant t	o the provis	sions of Sections 607.	0502 and 6	07.1508, Florida S	Statutes, the	above-named con	proporation submits this	is statement for the	purpose (of changing its	s registered registered
11. Pursuant to office or reagent. Lar	o the provisegistered as in familiar w	sions of Sections 607. gent, or both, in the Si ith, and accept the of	0502 and 6 tate of Floric pligations of	07.1508, Florida S da. Such change i f, Section 607.050	Statutes, the was authoriz 15, Florida St	above-named cored by the corpora	rporation submits thi ation's board of direc	is statement for the ctors. I hereby acc	purpose of ept the ap	of changing its pointment as	s registered registered
	o the provis egistered ag n familiar w	sions of Sections 607. gent, or both, in the Si ith, and accept the ot	0502 and 6 tate of Florid oligations of	07.1508, Florida S da. Such change i f, Section 607.050	Statutes, the was authoriz 5, Florida St	above-named cored by the corpora	rporation submits thi ation's board of direc	is statement for the ctors. I hereby aco		of changing its pointment as	s registered registered
SIGNATURE		d or printed name of registeres	d agent and title	if applicable	(NOTE Registe	above-named cor ed by the corpora atutes. red Agent signature requ	orporation submits thing ation's board of direct of direct of the submit		DATE		
SIGNATURE 12.	Signature, typic	d or printed name of registeres		if applicable	(NOTE Registe	above-named cored by the corpora atutes. red Agent signature requ	orporation submits thing ation's board of direct of direct of the submit	is statement for the ctors. I hereby acc CHANGES TO OFF	DATE	D DIRECTOR	S IN 12
SIGNATURE. 12. TITLE	Signature, types	d or printed name of regissive OFFICERS	d agent and title	if applicable	(NOTE Registe 13	above-named cored by the corpora atutes. red Agent signature require. ITILE	orporation submits thing ation's board of direct of direct of the submit		DATE		
SIGNATURE 12. TITLE NAME	Signature, typics ST PRATT, 1	d or printed name of registeres OFFICERS	d agent and title	if applicable	(NOTE Registe 13 E 1.1 1.2	above-named cored by the corpora atutes. red Agent signature requirements ITILE NAME	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR.	d agent and title	if applicable	(NOTE Registe 13 E 1.1 1.2 1.3	above-named cored by the corpora atutes. red Agent signature requirements TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF	ST PRATT, I 8600 SK NEW PO	d or printed name of registeres OFFICERS	d agent and title	#applicable CTORS DELETI	(NOTE Registe 13 E 1.1 1.2 1.3 1.4	above-named cored by the corpora atutes. red Agent signature requ TITLE NAME STREET ADDRESS City-St-ZiP	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ST PRATT, N 8600 SK NEW PO	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL	d agent and title	if applicable	(NOTE Registe 13 E 1.1 1.2 1.3 1.4 E 21	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CiTy-ST-ZIP TITLE	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME	ST PRATT, I 8600 SK' NEW PO P PRATT, (OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M	d agent and title	#applicable CTORS DELETI	(NOTE Registe 13 E 1.1 1.2 1.3 1.4 E 21	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CiTy-St-ZiP TITLE NAME	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	#applicable CTORS DELETI	(NOTE Registe 13 E 1.1 1.2 1.3 1.4 E 21 22 23	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF CHY-ST-ZIF	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M	d agent and title	#applicable CTORS DELETI	(NOTE Registe 13 E 1.1 1.2 1.3 1.4 E 21 22 23 24	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CiTy-St-ZiP TITLE NAME	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI	(NOTE Regisse 13 E 1.1 1.2 1.3 1.4 E 21 22 23 24 E 3.1	above-named cored by the corporatutes. red Agent signature requirements. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE TITLE TITLE	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI	(NOTE Regisse 13 E 1.1 1.2 1.3 1.4 E 21 22 23 24 E 3.1 32	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 3.3	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 3.3 3.4	above-named cored by the corporatutes. red Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 3.3 3.4 E 4.1	above-named cored by the corpora atutes. red Agent signature requirements of the corpora atutes. red Agent signature requirements of the corpora atutes. red Agent signature requirements of the corpora atutes of the corporation of the corp	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4 E 3.1 4.4 4.4	above-named cored by the corporatutes. red Agent signature required. TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1 4.3 4.4	above-named cored by the corporatutes. red Agent signature required to the corporature of the corporature o	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1 4.3 4.4	above-named cored by the corporatutes. red Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.4 E 4.1 E 4.1	above-named cored by the corporatutes. red Agent signature required and signature required	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.4 E 4.1 E 4.1 5.1	above-named cored by the corporatutes. red Agent signature required to the corporatute of the corporature o	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.4 E 4.1 5.1 5.2 5.3 5.4	above-named cored by the corporatutes. red Agent signature required to the corporatutes. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	orporation submits thing ation's board of direct of direct of the submit		DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	Papplicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.5 E 4.1 5.2 5.3 5.4 E 6.1	above-named cored by the corporatutes. red Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	orporation submits thing ation's board of direct or the submits at		DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.5 E 4.1 5.2 5.3 5.4 E 6.1	above-named cored by the corporatutes. red Agent signature required to the corporatutes. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	orporation submits thing ation's board of direct or the submits at		DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PRATT, I 8600 SK NEW PO P PRATT, (8600 SK	OFFICERS OFFICERS MICHELLE D YMASTER DR. RT RICHEY FL CHARLES M YMASTER DR.	d agent and title	# applicable CTORS DELETI DELETI DELETI DELETI	E 1.1 1.2 1.3 1.4 E 21 22 23 2.4 E 3.1 3.2 4.5 E 4.1 4.2 5.3 5.4 E 5.1 6.2	above-named cored by the corporatutes. red Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	orporation submits thing ation's board of direct or the submits at		DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition