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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

OCUMENT # HQ2108

(0)

A & B PEST CONTROL SERVICES, INC.							
rincipal Place of E	Business	Mailing Address		1 1891911 8/19 18114 11991 17911 40/61	ager a rget a rgit a r	(4:1 E161) B(6)	1 2 22 152 1
3307 W WATER AVE 5121 EHRLICH ROAD BLDG 107-B TAMPA FL 33614 US		% WALTER SANDERS 13910 N DALE MABRY.	SUITE 1				
		TAMPA FL 33618 US		3. Date Incorporated or Qualified	3a. Date o	f Last Rep	ort
				12/26/1985	04/14/1995		
. Principal Place	of Business A	2a. Mailing Address		4. FEI Number		<u> </u>	plied For t Applicable
3307	W WATERS HUE	26		59-2646926		\$8.75	
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Re	
Ch. 9 State		Oty & State		6. Election Campaign Financing		\$5.00	Мау Ве
City & State	FL	28		Trust Fund Contribution		Added I	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax ₃ No	unders 1	99.032,
3361	4 25 US	29	30	Florida Statutes		gent	
	9. Name and Address of Currer	it Registered Agent	81 Name	TO, Marie and Address of The		_	· · · · · · · · · · · · · · · · · · ·
				Idress (P.O. Box Number is Not Acceptal	hle)		
SANDERS, 1			82 Street Ac	Idress (P.O. Box Number is Not Acceptati			
	TH DALE MABRY HWY		63				
SUITE ONE TAMPA FL 33618			84 City			85 Ζφ	Code
					<u> </u>	<u></u>	internal office
or registered familiar with,	agent, or both, in the State of Flori and accept the offligations of, Sec	tion 607,0505, Florida Statute	28	poration submits this statement for the pulsard of directors. I hereby accept the app	pointment as r 04/16/	registered a 196	igent. i am
or registered familiar with, SIGNATURE Sig	agent, or both, in the state of high and accept the offigations of, Soc market happen or not have of regressed agen	tion 607,0505, Florida Statute	ities, the above halled conjugated by the conjugated his baselines Apart signal zero. 13.		04/14/ FICERS AND	96 DIRECTOR	3S IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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 Blook 13 my ranged, of the catalogue with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

813-931-9144