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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # J11960

1. Corporation Name PEST PROFESSIONALS, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90254 017 \*\*\*150.00

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Principal Place	e of Business	Mail	ing Address				) (MANINE BIES CIEGO INECO ERCIO ECINT EGUI ENELL BIEST BIES			
% JEFFREY B.			FFREY B. MAY							
10191 W SAMPI		10191	10191 W SAMPLE RD #205A							
CORAL SPRINGS FL 33065			CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed 04/28/1986			
2. Principal Pl	ace of Business	2a. N	Mailing Address				4. FEI Number Applied For			
21		26					59-2676740 Not Applica	ole		
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional			
22		27			_		5. Certificate of Status Desired Fee Required			
- City & State	e	- [ (	City & State -				- 6. Election Campaign Financing 55:00 May Be	•		
23		28					Trust Fund Contribution Added to Fees			
Zip	Country		Zip	Cou	untry		8. This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax. Yes No	_		
	9. Name and Address of Curre	ent Registe	red Agent		 		10. Name and Address of New Registered Agent			
14AV	IEEEDEV Ø				81	Name .				
	, JEFFREY B.				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	N.W. 110TH AVENUE				Ц					
COR	AL SPRINGS FL 33065				83					
					84	City	85 Zip Code			
5		÷.	,			!				
11. Pursuant	to the provisions of Sections 607.05	02 and 607	7.1508, Florida Statute	s, the a	bove	e-named cor	poration submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registered	d		
office of re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida jations of, S	section 607.0505, Flori	da Stat	tutes.		lion a board of directors. Thereby accept the appearance as registered			
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered as		· · · · ·	Registere	d Agen	t signature requir	red when reinstating) DATE			
12.	OFFICERS A	ND DIREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Add			
TITLE	PSD			1.1 T	MΕ			ition I .		
NAME			DOCTE	-				ition		
	MAY, JEFFREY B.		Detere	1.2 N	AMÉ		- Country - Country	ition )		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED