

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J15614 (7)**

1. Corporation Name
LAN MAC PEST CONTROL-ENGLEWOOD, INC.



Principal Place of Business
**2821 WORTH AVE.
ENGLEWOOD FL 34224**

Mailing Address
**2565 SOUTH STR
FT MYERS FL 33901
US**

3. Date Incorporated or Qualified **05/22/1986** 3a. Date of Last Report **01/27/1995**

4. FEI Number **59-2710365** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. County

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINNEY, LARRY M.
2565 SOUTH STR
FT MYERS FL 33901**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of the current registered agent for the corporation

Signature of the new registered agent for the corporation

(Date)

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, LARRY M.	
STREET ADDRESS	2565 SOUTH STR	
CITY, STATE, ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, STATE, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, STATE, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, STATE, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, STATE, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, STATE, ZIP		

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 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.

SIGNATURE: *Larry M McKinney* **LARRY M MCKINNEY** 1/29/96 941-337-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)