

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # J15623 (8)**  
1. Corporation Name  
**LAN MAC PEST CONTROL-FORT MYERS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>2561 SOUTH STREET<br/>FT. MYERS FL 33901</b> | Mailing Address<br><b>2561 SOUTH STREET<br/>FT. MYERS FL 33901-5309</b> |
|--|---|

|   |                         |   |  |
|---|-------------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>05/22/1986</b>                          | 3a. Date of Last Report<br><b>02/15/1996</b>           |
| 21  | 26                      | 4. FEI Number<br><b>59-2710359</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc.                         | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| 23. City & State                                | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| 24. Zip   | 25. Country             | 29. Zip   | 30. Country  |
| 9. Name and Address of Current Registered Agent |                         | 10. Name and Address of New Registered Agent                                    |  |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating!

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PSD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCKINNEY, LARRY M.                  | 1.2 NAME  |   |
| STREET ADDRESS             | 2565 SOUTH STR                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FT MYERS FL                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 2.2 NAME  |   |
| STREET ADDRESS             |                                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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.

**SIGNATURE:** *Larry M. McKinney* **REQUIRED** **LARRY M. MCKINNEY** 1/22/97 941-337-1579  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)