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

**PROFIT** 

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # PESTGO EXTERMINATORS, INC. Principal Place of Business Mailing Address 1525 RIVER LANE 1525 RIVER LANE **TAMPA FL 33603** TAMPA FL 33603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1986 2. Principal Place of Business 21 1425 N. Curtez Ave 4. FEI Number Applied For Sam 59-2719945 Not Applicable Suite Apt # etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Yes □ No Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent В1 Name VENEGAS, LUANA D. 1525 RIVER LANE Street Address (P.O. Box Number is Not Acceptable) **B2 TAMPA FL 33603** 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. DUCKE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change THLE 1.1 TULE VENEGAS, LUANA D. NAME 1.2 NAME 1525 RIVER LANE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL C11Y - ST - 21F 14 CITY ST-7IP Change D DECETE TITLE 21 DILE VENEGAS, VANCE A. 2.2 NAME NAME 1525 RIVER LANE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY ST-7IF 2 4 CITY - ST-ZIP DELETE Addition TITLE 31 11116 VENEGAS, GEORGE NAME 3.2 NAME 1525 RIVER LANE STHEET ADDRESS 3.3 STREET ADDRESS TAMPA FL 34 CITY-ST-ZIP City-St-ZiP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - St - ZIP DELETE Addition TITLE 5.1 TIME 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST 7IP 5.4 CITY - \$1 - ZIP DELETE 6 1 THLE Change Addition NAME 6.2 NAME STHEET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report of supplied 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 of truster employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE: CITY-ST ZIP 6.4 CHY - ST- ZIP

LEORIDA DEPARTMENT OF STATE

**FILED**