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

PROFIT CORPORATION ANNUAL REPORT

1998



ELODIDA DEDADIMENT OF OTAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J21339

(3)

FILED Mar 24 1998 8:00am Secretary of State

		PEST C	CONTROL, IN																
Principal Place of Business Mailing Address											t reality and the things the things the								
1142 VIKING DRIVE PORT GRANGE FL 32119					1142 VIKING DRIVE PORT ORANGE FL 32119				-										
US					US					DO NOT WRITE IN THIS SPACE									
										3.	Date Incorporated or Qualified 06/26/1986								
2.	Principal Place of Business			2	2a, Mailing Address				<u>_</u>	4.	FEI Number		A	pplied For					
21				26	26					_	59-2701469		N	ot Applicable					
_	Suite, Apt. #, etc.			·	Suite, Apt. #, etc.					5	. Certificate of Status Desired			Additional					
22				27	City & State								equired						
23	City & State			20	28					6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees					
	Zip	Country			Zip Count			untry			. This corporation owes or has pa								
24	•		<u> </u>			30	- '			Personal Property Tax due June] No						
	g. Name and Address of Current			Current Reg				L		10	Name and Address of New Re	egistered	Agent						
		YER, KAR						81	Name										
1142 VIKING DRIVE							82	Street Add	dress (I	P.O. Box Number is Not Accepta	ble)								
PORT ORANGE FL 32119																			
								63											
								84	City			FI	85 Zip	Code					
11	Pursuant	to the provis	sions of Sections	607.0502 and	607 150B Fig	rida Statut	es the e	bove	a-named con	poratio	on submits this statement for the		of changing i	ts registered					
	office or r	egistered ag	gent, or both, in t	he State of Flo	rida. Such ch	ange was	authorize	d by	the corpora	ation's	on submits this statement for the board of directors. I hereby acce	pt the ap	pointment as	registered					
CIA	-	mit (gittima) W	nin, antraccept t	ric ornigations	OI, SECTION OF	77.0303, 11	orida Sie	110102											
SIGNATURE Signature, typed or posited name of ingistered against and the # applicable (NOTE)									ınt signature requ	ulred whe	n reinstating)	DATE							
12		OFFICERS AND						13.			ADDITIONS/CHANGES TO OFFI	CERS AN							
TITL			, KARL E		L	DELETE	1.1 1						Change	Addition					
			2 VIKING DRIVE					VAME	ME EET ADORESS										
	Y-ST-ZIP		DRANGE FL					CITY-S											
TITL						DELÈTE	2.1 7		1-217				Change	Addition					
NA							2.21												
STR	EET ADDRESS						2.3 9	TREET	ADDRESS										
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NAME							3.2 N	IAME			•			i					
	EET ADDRESS								ADDRESS										
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TITL	LE		□ Di			DELETE	6.1 TITLE						Change	Addition					
NAA								IAME											
	REET ADDRESS								ADDRESS										
	Y-ST-ZIP [Cortify that th	he information sur	nnliert with this	s filing doos n	Ot gualifu f		emo		n Secti	on 119 07(3)(i) Florida Statutos	I further o	ertify that the	information					
14	indicated officer or	on this anni director of t	ual report or supp he corporation or	olemental annuation the receiver of	ual report is tri or trustee emp	ue and acc owered to	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.												