

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J21339 (3)			
1. Corporation Name KARL'S PEST CONTROL, INC.			
Principal Place of Business 1142 VIKING DRIVE PORT ORANGE FL 32119 US		Mailing Address 1142 VIKING DRIVE PORT ORANGE FL 32119 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
g. Name and Address of Current Registered Agent MOYER, KARL E 1142 VIKING DRIVE PORT ORANGE FL 32119		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 title, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1142 VIKING DRIVE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	PORT ORANGE FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	1142 VIKING DRIVE	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	PORT ORANGE FL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	1142 VIKING DRIVE	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	PORT ORANGE FL	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	1142 VIKING DRIVE	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	PORT ORANGE FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
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.			
SIGNATURE: Karl E. Moyer		KARL E. MOYER 3-20-98	

CR2E034 (10/97)