



FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 22 1997 8:00am Secretary of State	
DOCUMENT # J33176 (5) 1. Corporation Name AFFORDABLE PEST CONTROL, INC.					
Principal Place of Business 11137 NW 38 PLACE SUNRISE FL 33351		Mailing Address 11137 NW 38 PLACE SUNRISE FL 33351-7597			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1986	
21 Suite, Apt. #, etc.		26 96 TELLES ST NW SUITE 204		3a. Date of Last Report 04/30/1996	
22 City & State		27 FT. LAUDERDALE, FL		4. FEI Number 59-2730917	
23 Zip		28 33309		Applied For Not Applicable	
24 Country		29		5. Certificate of Status Desired \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent EASON, WALTER 11137 N.W. 38TH PLACE SUNRISE FL 33351		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
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.		81 Name JOSEPH T. TELLES		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE JOSEPH T. TELLES		82 Street Address (P.O. Box Number is Not Acceptable) 3900 N. AMARAS AVE		83	
Signature, typed or printed name of registered agent and title if applicable		84 City FT. LAUDERDALE		85 Zip Code 33309	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/16/97					