

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J33941 (2)**  
 1. Corporation Name  
**LIGHTNING PEST CONTROL CO.**



Principal Place of Business 8412 SHELDON ROAD P.O. BOX 742 TAMPA FL 33615 US	Mailing Address 8412 SHELDON ROAD P.O. BOX 742 TAMPA FL 33615 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 29744 67th St. N. Suite, Apt. #, etc. 22 -- City & State 23 Clearwater FL Zip 24 33761	2a. Mailing Address 26 29744 67th St. N. Suite, Apt. #, etc. 27 -- City & State 28 Clearwater FL Zip 29 33761	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 09/18/1986	4. FEI Number 59-2741248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TARMAN, RICHARD E. 8412 SHELDON ROAD TAMPA FL 33615	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11105 Fernway Lane 83 84 City Dade City FL 85 Zip Code 33525
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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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Richard E. Tarmam* DATE *4/15/98*

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARMAN, RICHARD E.	
STREET ADDRESS	11105 FERNWAY LANE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TARMAN, E. JEAN	
STREET ADDRESS	11105 FERNWAY LANE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFF, MICHAEL J	
STREET ADDRESS	29744 67TH ST N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	33525		
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	33525		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	33761		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 *Richard E. Tarmam* *alida* 010/3732 01/31

CR2E034 (10/97)