CORPOR ANNUAL 19:	REPORT		Sandra E Secretai	TMENT OF STATE Morthan y of State CORPORATIONS			
OCUME	NT # J553	39	(2)				
Corporation Name QUALITY PEST CONTROL, INC.							
QUALITY	PEST CONTROL: INC	,.					
incipal Place of B	usiness	Mairr	ng Address			ilia ilii alan Assii i	1(0)(E10)(B10)(B10)
STHOMAS P. M			6THOMAS P. MUDOF 1090 FORSYTHE, STE				
2090 FORSYTHE RD. STE. 207 ORLANDO FL 32807 US			ORLANDO FL 32907 US		3. Date Incorporated or Qualified 3a. Date of Last F 02/02/1987 05/01/1		Last Report 101/1995
	(0)		Mailing Address		4. FEI Number		Applied For
Principal Place of	or Business	26			59-2768851		Not Applicab 8.75 Additional
Suite, Apt. #, et	G .	27	Surte, Apt. #, etc.		5. Certificate of Status Desired		Fee Required
City & State	,,,,,		City & State		6. Election Campaign Financing Trust Fund Contribution	<u>. </u>	\$5.00 May Be Added to Fees
Z _(C)	Country		 7ф	Goun'ry	8. This corporation has liability for	r intangible tax u s □No	inder's 199.032,
ן י	25 Name and Address of Cur	29	and Agent	30	Florida Statutes 7 Ye 10. Name and Address of New		ent
MIDORE	THOMAS P.			81 Name82 Street Ad	idress (P.O. Box Number is Not Accepta	abie)	
1505 WES OVIEDO I		0502 and 6 07	.1508, Florida Statu	83 84 Oty		FL	85 Zip Code ging its registered of gistered agent. I an
1505 WES OVIEDO I	ST BROADWAY FL 32765 The provisions of Sections 607.6 agent, or both, in the State of I and accept the obligations of. attack by otherwised serve that the I OFFICERS	Section 607.0	0505, Florida Statute	83 84 Oty les, the above named corporation's besoning to the corporation's besoning the corporation of the	poration submits this statement for the p loard of directors. Thereby accept the ap	FL nurpose of chang pointment as re DATE FFICERS AND D	ging its registered of egistered agent. I an
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407-679-9555