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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J55339

(2)

1. Corporation Name

QUALITY PEST CONTROL, INC.



Principal Place of Business

Mailing Address

%THOMAS P. MUDORE  
2090 FORSYTHE RD. STE. 207  
ORLANDO FL 32807  
US

%THOMAS P. MUDORE  
2090 FORSYTHE. STE. 207  
ORLANDO FL 32807-5283  
US

3. Date Incorporated or Qualified

02/02/1987

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. # etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2768851

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUDORE, THOMAS P.  
1505 WEST BROADWAY  
OVIEDO FL 32785

81 Name

THOMAS P MUDORE

82 Street Address (P.O. Box Number is Not Acceptable)

5207 KINGSWOOD DR

83

84 City

ORLANDO

FL

85 Zip Code

32810

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS LONG, RICHARD  
CITY-ST-ZIP 1505 WEST BROADWAY  
OVIEDO FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME RICHARD LONG  
1.3 STREET ADDRESS 912 KEWANEE TR  
1.4 CITY-ST-ZIP MAITLAND FLA 32751

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS MUDORE, THOMAS P.  
CITY-ST-ZIP 1505 WEST BROADWAY  
OVIEDO FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME THOMAS P MUDORE  
2.3 STREET ADDRESS 5207 KINGSWOOD DR  
2.4 CITY-ST-ZIP ORLANDO FLA 32810

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MUDORE, SHARRON A.  
CITY-ST-ZIP 1505 WEST BROADWAY  
OVIEDO FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SHARRON A MUDORE  
3.3 STREET ADDRESS 5207 KINGSWOOD DR  
3.4 CITY-ST-ZIP ORLANDO FLA 32810

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS LONG, LOVELLA  
CITY-ST-ZIP 1505 WEST BROADWAY  
OVIEDO FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME LOVELLA LONG  
4.3 STREET ADDRESS 912 KEWANEE TR  
4.4 CITY-ST-ZIP MAITLAND FLA 32751

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

407-479-9555

Date

Daytime Phone #

CR2E034 (9/96)