

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

FILED

May 04 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 # J55339 (2)  
1. Corporation Name  
QUALITY PEST CONTROL, INC.

Principal Place of Business Mailing Address  
%THOMAS P. MUDORIE  
2090 FORSYTHE RD. STE. 207  
ORLANDO FL 32807  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2090 FORSYTHE RD Suite, Apt. #, etc. 22 STE 207 City & State 23 ORLANDO FLA Zip 24 32807	2a. Mailing Address 26 2090 FORSYTHE RD Suite, Apt. #, etc. 27 SAME City & State 28 ORLANDO FLA Zip 29 32807	3. Date Incorporated or Qualified 02/02/1987 4. FEI Number 59-2768851 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 8. 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
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9. Name and Address of Current Registered Agent MUDORIE, THOMAS P. 5207 KINGSWOOD DR ORLANDO FL 32810	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
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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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	LONG, RICHARD	1.2 NAME	
STREET ADDRESS	912 KEWANEE TR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	MUDORE, THOMAS P.	2.2 NAME	
STREET ADDRESS	5207 KINGSWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MUDORE, SHARROW A.	3.2 NAME	
STREET ADDRESS	5207 KINGSWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	LONG, LOVELLA	4.2 NAME	
STREET ADDRESS	912 KEWANEE TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 78 P M L

4-24-98 407-679-9555

CP2E034 (10/97)