FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name **J55698**

(1)

WAN'S QUALITY PEST CONTROL, INC.

WAN'S QUALITY PEST CONTHOL, INC.								
Principal Place of	Business	Mailing Address			i radioin billi birat ding aifte	(B)	84814 Erätt åt911 blått 1881	
% VINCENT WAN % VINCENT WAN 14139 ARBOR HILLS ROAD 14139 ARBOR HILLS ROAD			S ROAD					
TAMPA FL 33625		TAMPA FL 33625		 Date Incorporated or Quality 02/03/1987 		te of Last Report 4/26/1995		
5 Dinainal Plac	o of Business	2a. Mailing Address			4. FEI Number		Applied For	
Principal Place of Business 2a. Market 26		F			59-2761764		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desire	a 🔲	\$8.75 Additional Fee Required	
2		27					\$5.00 May Be	
City & State		Oty & State			Election Campaign Financi Trust Fund Contribution	¹⁹ 🔲	Added to Fees	
3		28	Country	-	This corporation has liabilit	y for intangible	tax under s. 199.032,	
Zφ	Country	Zip	30		Florida Statutes	Yes ∐No		
<u> </u>	9. Name and Address of Cur	29 29 Agent Registered Agent	- 1301		10. Name and Address of N	ew Registere	d Agent	
	9. Name and Address of Cul	Tell Treglatorea Again	81	Name				
14/4 h 144 h	^r		82	Street Ark	dress (P.O. Box Number is Not Acc	eptable)		
WAN, VIN			02	Stiect Ad	Circus (· · · · · · · · · · · · · · · · · ·			
	BOR HILLS ROAD		B3					
tampa fi	. 33023		84	City			85 Zip Code	
			-		poration submits this statement for the part of directors. I hereby accept the	F		
	Signature special participation of the Control of t		(NOTE Registates Ages	it sije at ire rock	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS IN 12	
12.	D	☐ DÉLETE	1.1 TITLE		16 11		☐ Change ☐ Addition	
NAME	WAN, VINCE		1.2 NAME		Vineg Ladan			
STREET ADDRESS	14139 ARBOR HILLS RD		1 3 STREE	ADDRESS (881 Lucas Lone	~ ~~~~	2	
CITY - ST - ZIP	TAMPA FL		1.4 CE Y -	ST - ZIP	881 LUCAS LARA Starmer F1 346.	11-450	Change Addition	
TITLE		☐ DELETE					Cloude Claude	
NAME			2.2 NAME					
STREET ADDRESS				ZESPOCA T				
CITY - ST - ZIP			2.4 CITY -				☐ Change ☐ Addition	
TITLE		☐ DELETE					-	
NAME			3.2 NAME	T ADDRESS		• •		
STREET ADDRESS			3.3 SINE 3.4 CITY-					
CITY - ST - ZIP		DELETI	· · · · · · · · · · · · · · · · ·				Change Addition	
TITLE		₽ 35cc.	4.2 NAME	1				
NAME				T ADDRESS				
STREET ADDRESS			4 4 CITY					
CITY-ST-ZIP TITLE		DELET					Change Addition	
NAME		_	5.2 NAME	:				
STREET ADDRESS			5 3 STRE	ET ADDRESS				
CITY-ST-ZiP			5.4 C/TY	-ST - 71P			Change Addition	
777.5		☐ DELET	E 6 1 TITL	ŧ į			Change Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 changes.]. or on an attachment with an address

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZiP

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR