

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -9 AM 8:51

①

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78189

(4)

1. Corporation Name

A. SAMUEL PEST CONTROL LAWN & ORNAMENTAL, INC.



Principal Place of Business

142 SE 5TH AVENUE
DELRAY BEACH FL 33483
US

Mailing Address

C/O SAMUEL A MURANTE
424 SW 7TH CT
BOYNTON BCH FL 33435-5532

3. Date Incorporated or Qualified
06/17/1987

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2843844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MURANTE, SAMUEL A.
142 S.E. 5TH AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

Patricia Murante

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

142 S.E. 5th Avenue

83

84 City

Delray Beach

FL

85 Zip Code

33483

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

Patricia Murante

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

(NOTE: Registered Agent signature required when reinstating)

8-31-97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P MURANTE, SAMUEL A.
424 S.W. 7TH COURT
BOYNTON BEACH FL

☒ DELETE

T MURANTE, SMAUEL A.
424 S.W. 7TH COURT
BOYNTON BEACH FL

☐ DELETE

VS MURANTE, PATRICIA
424 S.W. 7TH COURT
BOYNTON BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D,P,T Patricia Murante
424 SW 7th Court
Boynton Beach, FL 33435

☒ Change

☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

CR2E034 (9/96)

(2)

8/31/97

To Whom It May Concern

The reason this form
is late is due to not
receiving it in the mail
on time as I called
the state to report it.
Someone placed it in
my mail box at a
late date as there
is a 424 SW 7th Ave. &
a 424 SW 7th Court in
which I have trouble
at times receiving my
mail. I was told to
write this note and mail
\$165.⁰⁰

Sincerely & Thank You

Patricia Deurante

561-736-2127