

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

FILED
May 06 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 # J78189 (4)
1. Corporation Name
A. SAMUEL PEST CONTROL LAWN & ORNAMENTAL, INC.



Principal Place of Business Mailing Address
142 SE 5TH AVENUE C/O SAMUEL A MURANTE
DELRAY BEACH FL 33483 424 SW 7TH CT
US BOYNTON BCH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 100 E LINTON BLVD. 26 424 SW 7TH CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 120 B 27
City & State City & State
23 Delray Beach, FL 28 Boynton Bch, FL
Zip Country Zip Country
24 33483 25 U.S.A. 29 33435 30 U.S.A.

3. Date Incorporated or Qualified
06/17/1987
4. FEI Number 59-2843844 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MURANTE, PATRICIA 81 Name PATRICIA Murante
142 S.E. 5TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)
DELRAY BEACH FL 33444 100 E. LINTON BLVD Suite 120 B
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MURANTE, PATRICIA	
STREET ADDRESS	142 S.E. 5TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL 33444	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURANTE, SMAUEL A.	
STREET ADDRESS	424 S.W. 7TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MURANTE, PATRICIA	
STREET ADDRESS	424 S.W. 7TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Patricia Murante 4/13/98 5/16/98 33483

CR2E034 (10/97)