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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 - 19951

FILED Apr 04 1997 8:00am Secretary of State

DOCUMENT # J82518 (8) EXECUTIVE PEST CONTROL & LAWN CARE, INC. Principal Place of Business Mailing Address **RICHARD F. POLETTI 102 BARKFIELD STREET BRANDON FL 33511 **BRANDON FL 33511-7118										
BRANDON FI US	L 33511		DRANDON	FL 33311-/11	•		3. Date Incorporated or Qualified 07/07/1987		ate of Last R 29/1996	leport
_	Place of Busi	ness	2a. Mailing	g Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		A	oplied For
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2	n		27	Apr. #, 019.			5. Certificate of Status Desired		-	Aportional equired
City & St	ate		City & 28	State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country 25	Ζ(p		Gountr 30	ry	8. This corporation has liability for	intangible Yes [tax under s	
	9. Name	and Address of Curre		gent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re			
)LETTI, RICI				8.	1 Name				
• -	12 Barkfiel Randon fl			82 Street Add			ess (P.O. Box Number is Not Acceptable)			
рг	WINDON FL	33311			8:	3		··		
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		sions of Sections 607.05 gent or both, in the Stat viln, and accept the obli	502 and 607.1508 te of Florida. Suc Igations of, Section	3, Florida Stati h change was on 607.0505, F	utes, the abo s authorized t Florida Statute	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose o	r changing i pointment as	ts registered registered
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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 18 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

7-1-9

Daytime Phone #