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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90069 018 \*\*\*150.00

DOCUMENT # J89037

1. Corporation Name EAGLE TERMITE AND PEST CONTROL, INC.



Principal Place of Business 2770 SUMMERDALE DR P.O. BOX 577 OZONA 34660 CLEARWATER FL 33761 US

Mailing Address 2770 SUMMERDALE DR P.O. BOX 577 OZONA 34660 CLEARWATER FL 33761 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified 08/24/1987

4. FEI Number 59-2886060 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent PALUMBO, RICHARD A. 1868 PAINTED BUNTING CIRCLE PALM HARBOR FL 34683

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2565 NORTHFIELD LANE 83 84 City CLEARWATER FL 85 Zip Code 33761

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 DPV NAME PALUMBO, RICHARD A. STREET ADDRESS 1868 PAINTED BUNTING CIRCLE CITY-ST-ZIP PALM HARBOR FL 34683

TITLE V NAME PALUMBO, KATHY A. STREET ADDRESS 1868 PAINTED BUNTING CIRCLE CITY-ST-ZIP PALM HARBOR FL 34683

TITLE TS NAME BALDWIN, DEBRA K. STREET ADDRESS 884 FRANKLIN CIRCLE CITY-ST-ZIP PALM HARBOR FL 34683

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 2565 NORTHFIELD LANE

1.4 CITY-ST-ZIP CLEARWATER, FL. 33761

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS 2565 NORTHFIELD LANE

2.4 CITY-ST-ZIP CLEARWATER, FL. 33761

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (727) 796-2491 Daytime Phone #

0415518

CR2E034 (11/98)