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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: 🗸

DOCUMENT #

1. Corporation Name

(2)

COBRA PEST CONTROL, INC.

CODIA	PEST CONTROL, INC.				
Principal Place of	f Business	Mailing Address			
3692 NW 16TH LAUDERHILL F		3692 N.W. 16 ST. Lauderhill Fl 33311 US			
US		us		<ol> <li>Date incorporated or Qualified 08/24/1988</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0068637	Not Applicable  \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30]		□ No
121	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
	Daniel <del>16th 3</del> t. Hill Fl 33311		82 Street Addr 3 C 83 84 City	ess (F.O. Box Number is Not Acceptated 2. NW 10 3.7	FL 85 Zip Code
or registere familiar with	d agent, or both, in the State of Flor h, and accept the obligations of, Sec signature, typed or printed name of registered agen	tion 607.0505, Florida Statute	S. Cite: Registated Agent signal en regen	ation submits this statement for the purid of directors. Thereby accept the approximate mentions.  ADDITIONS/CHANGES TO OF	ointment as régistered agent. I am  DA's ICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITION CO. II VIGEO TO O.	Change Addition
1/iLE	NABER, DANIEL		1.2 NAME		
NAME STREET ADDRESS	3692 N.W. 16TH ST.		1.3 STREET ADORESS		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CHY-ST-ZIP		
TIFLE	DP	☐ DELFTE	2 1 11ftE		Change Addition
NAME	MARSHALL, BRADLEY		2.2 NAME		
STREET ADDRESS	3892 N.W. 16 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL	DELETE	2 4 CITY - S1 - ZIP 3 1 TITLE		Change Addition
TITLE		Преси	32 NAME		
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CHY - S1 - ZIF		
TITLE		DELETE	4. 1 T/TLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		F3 pp.f**	4.4 CITY - ST - ZIF		Change Addition
TITLE		☐ DELÊ1E	5 1 TITLE		_ · · · · · · ·
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 City-ST-ZiP		
CiTY-ST-ZiP		□ DELETE	6 1 TITLE		Change Addition
TITLE NAME			6.2 NAME		
NAME STREET ADORESS			63 STREET ADDRESS		
_ ·			BACITY-ST, ZIP		
14. I do hereb certify that	y certify that the information supplie t the information indicated on this ar I am an officer or director of the cor Block 12 or Block 13 if changed, c	inual report of supplemental a moration or the receiver or frus	stee enipowered to execute t	for the exemption stated in Section 11 rate and that my signature shall have this report as required by Chapter 607,	9.07(3)(8), Florida Statities. Florifier le same legal effect as if made unde Florida Statutes; and that my name

BLADLEY MARSHON

5792-4655... Baytinic Phone #