

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

FILED
May 07 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K32871 (1)
1. Corporation Name
CRICKET'S TERMITE CONTROL, INC.



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| Principal Place of Business % DONALD L. MCKAMEY 2120 SOUTHEAST 39TH STREET OCALA FL 34480 US | Mailing Address % DONALD L. MCKAMEY 2120 SOUTHEAST 39TH STREET OCALA FL 34480 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 5841 W HWY 40 City & State 23 OCALA, FL Zip 24 34482 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 5841 W HWY 40 City & State 28 OCALA, FL Zip 29 34482 |
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| 3. Date Incorporated or Qualified 09/12/1988 | 4. FEI Number 59-2911698 |
| 5. Certificate of Status Desired <input type="checkbox"/> | Applied For Not Applicable |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent MCKAMEY, DONALD L. 2120 SOUTHEAST 39TH STREET OCALA FL 34480 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP PST MCKAMEY, DONALD L. 2120 S.E. 39TH ST. OCALA FL | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 5841 W HWY 40 OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 61 TITLE 62 NAME 63 STREET ADDRESS 64 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

DONALD L. MCKAMEY

(350) 622-7107

CR2E034 (10/97)