

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36029 (2)

1. Corporation Name

PALM BEACH PEST CONTROL OF THE PALM BEACHES INCORPORATED

Principal Place of Business

% CHARLES EDWIN COX
13129 43RD ROAD NORTH
ROYAL PALM BEACH FL 33411

Mailing Address

% CHARLES EDWIN COX
13129 43RD ROAD NORTH
ROYAL PALM BEACH FL 33411-8414



9. Date Incorporated or Qualified
10/03/1988

9a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 530 Business Parkway

2a. Mailing Address

26 235 JARO ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27

23 Royal Palm Beach, FL

28 Palm Bay, FL 32907

Zip

Zip

24 33411

29 32907

25 Palm Beach

30 BREVARD

4. FEI Number

65-0170276

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, CHARLES EDWIN
13129 43RD ROAD NORTH
ROYAL PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD
NAME COX, CHARLES EDWIN
STREET ADDRESS 13129 43 ROAD NORTH
CITY-ST-ZIP ROYAL PALM BCH FL ☐ DELETE

TITLE VD
NAME COX, CYNTHIA A
STREET ADDRESS 13129 43 ROAD NORTH
CITY-ST-ZIP ROYAL PALM BCH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME Charles Edwin Cox ☒ Change ☐ Addition
13 STREET ADDRESS 235 JARO ST NE.
14 CITY-ST-ZIP Palm Bay, FL 32907

21 TITLE VP
22 NAME Cox, Cynthia A ☒ Change ☐ Addition
23 STREET ADDRESS 235 JARO ST N.E.
24 CITY-ST-ZIP Palm Bay, FL 32907

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia A Cox Cynthia A. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97
Date

561-793-3027
Daytime Phone #

CR2E034 (9/96)