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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K40332

TOP NOTCH PEST CONTROL, INC.

Principal Pla	ace of Business	Mailing Address		4 10010111 EST DISTR 40100 11580 12116 2582 820	IS BENEVE BUREN BURN BURN BURN ENRIN FORM
% EDWARD E. CASSETTY 11275 TRINITY PLACE					
11275 TRINITY PLACE 11275 TRINITY PLACE					
NAPLES FL 34114-8559 NAPLES FL 34114-8559			DO NOT WRITE IN TH	IIS SPACE	
US		US 		3. Date Incorporated or Qualifed 10/21/1988	•
·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0085318	Not Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
~ 14	COUNTY FOWARD F		81 Name		
CASSETTY, EDWARD E.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	275' TRINITY-PLACE	•	ou ou vide	areas (1.0. Dox Humber Is. Not Acceptable)	
NAI	PLES FL 34114		83		1948年提出144
			24 0		24 44 45 to 24 34 34
			84 City	F	85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
	registered agent, or both, in the State (or Florida. Such change was au	unonzed by the corporat	tion's board of directors. I hereby accept the app	ointment as registered (
Ma∂agent. Fa	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes.		j j
terri agent. 13	am lamiliar with, and accept the obligat	tions of Section 607.0505, Flor	ida Statutes.		į.
SIGNATURE	am familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flor	ida Statutes. Registered Agent signature requir		<u> </u>
SIGNATURE	am ramiliar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	tions of, Section 607.0505, Flor in ; at and title if applicable. (NOTE: D DIRECTORS	ida Statutes.		<u> </u>
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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 attachyen) twith an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90014 004 ***150.00