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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE;



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K43096

(2)

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	F	ILED	•
May	13	1997	8:00am
Sec	cret	ary of	State

Daytime Phone #

0453706

STATEWIDE TERMITE & PEST CONTROL, INC. Principal Place of Business Mailing Address 3888 TAMPA RD P O 80X 60 P.O. BOX 60 P.O. BOX 60 P.O. BOX 60 P.O. BOX 60									
OLDSMAR FL 34677		OLDSA US	Oldsmar FL 34677-0001 US			3. Date Incorporated or Qualified	3a. Date of Last Report 05/09/1996		
2. Principal Place	o of Business	2a. Ma	ailing Address		······································	11/02/1988 4. FEI Number	1 00/0		oplied For
1	o or engantees	26	aming / lau/ boo			59-2886933		 	ot Applicable
Suite, Apt. #, a	otc.		ite. Apt. #, etc.		······································	5. Certificate of Status Desired			Additional
2		27				5. Certificate of Status Desired	- L	Fee R	guired
City & State		· · · · · · · · · · · · · · · · · · ·	ty & State		•	6. Election Campaign Financing			May Be
3 <i>Ζ</i> ιρ	Country	28 Zij	D.	T Cou	ntrv	Trust Fund Contribution	integrible		to Fees
4	25	29	۲	30	,	8. This corporation has liability for i	Thanglole]Yes [. 199.032,
	9. Name and Address of Cu		ed Agent	1001		10. Name and Address of New Re		-	
SULLIV	AN, JOHN				81 Name				
	AMPA RD.				82 Street Add	ress (P.O. Box Number is Not Acceptable)			
OLDSM	AR FL 34677				83		· · · · · · · · · · · · · · · · · · ·		
					53				
					84 City		FL	85 Zip	Code
S Characters to the	to provinges of Costions 607	0502 and 607	1EOR Florida State	toe the e	nove named cor	poration submits this statement for the patient is board of directors. I hereby accept		chanoing i	to registered
SIGNATURE Sign			oplicable. (NC		d Agent signature requi		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. HILE P	OFFICERS \$	d agent and title if ap	oplicable. (NC	TE: Registere 13,	d Agent signature requi	ired when reinstating)	DATE	DIRECTOR Change	RS IN 12
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