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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K5

K55047

(0)

ZAP, THE PROFESSIONAL PEST MANAGEMENT COMPANY

FILED Mar 25 1998 8:00am Secretary of State



2444 YORKSHIRE DR SARASOTA FL 34231		SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/30/1988	
2. Principal P	lace of Business	2a. Mailing Address	1. 1. 11	4. FEI Number	Applied For
21		26 1722 Pom	PARO AVE	65-0098251	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>	Fee Required
City & State	9	City & State	FL	Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28)///	Country	8. This corporation owes or has paid the c	
·	⊢	zip3 4>34	30	Personal Property Tax due June 30.	Yes No
24	25 25 Name and Address of Curre		, i	10. Name and Address of New Registere	
1476			81 Name	ARK WROBLEWSKE	
WROBLEWSKI, ALBIN A.			20 2	MEL WEUDIONSIE	
2444 YOBKBHIRE DR SARABOTA FL 34231			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<u>L</u>
5A	TOOUTH PL 34231		83		
.			2		log I 7% Code
			84 City S	ARASOTA F	L 85 34234
11, Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was au	ithorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
	in rainigar with and accept the only	MAKK WROSE	(WSKE	31 1 9191	
SIGNATURE •	Signature, yex or or printed name of registered ag	ord and title it applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	ĎΡ	☐ DELETE	1.1 TITLE		Change Addition
NAME	Wroblewski, albin M.		1.2 NAME		
STREET ADDRESS	2444 YORKSHIRE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELE TE	2.1 TITLE		Change Addition
NAME	wroblewski, mark a.		2.2 NAME		
STREET ADDRESS	1722 POMPANO AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP		MALES 11 4 4 200
TITLE	1	☐ DELETE	3.1 TITLE		Change Addition
NAME	wroblewski, mark a.		3.2 NAME		
STREET ADDRESS	1722 POMPANO AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP		
TITLE		DELET e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	*		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	A
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST.7IP			64 CITY-ST-7/P	•	

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 if changed, or on agrattachment with an address.

MARY A 1. RONGWIT

3 18 19 X B

B941 8495