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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K59313 (2)

1. Corporation Name
PESTBAN PEST CONTROL OF FLORIDA, INC.

Principal Place of Business Mailing Address
5497 BENCHMARK LN.
SANFORD FL 32773-433
US 5497 BENCHMARK LN.
#140
SANFORD FL 32773-4433
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/18/1989	05/01/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2917568	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	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
SCHMITT, RICHARD R 292 WEKIVA PK. DR. 1275 BENNETT RD #140 SANFORD FL 32773	81 Name ELIZABETH SCHMITT 82 Street Address (P.O. Box Number is Not Acceptable) 83 5497 BENCHMARK LANE 84 City SANFORD FL 85 Zip Code 32773

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME SCHMITT, RICHARD R. STREET ADDRESS 292 WEKIVA PK. DR. CITY-ST-ZIP SANFORD FL	11 TITLE SIT 12 NAME SCHMITT RICHARD 13 STREET ADDRESS 5497 BENCHMARK LN 14 CITY-ST-ZIP SANFORD FL 32773
TITLE T NAME SCHMITT, ELIZABETH A. STREET ADDRESS 292 WEKIVA PK. DR. CITY-ST-ZIP SANFORD FL	21 TITLE P 22 NAME SCHMITT ELIZABETH 23 STREET ADDRESS 5497 BENCHMARK LANE 24 CITY-ST-ZIP SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE CHITWOOD KENNETH 32 NAME 33 STREET ADDRESS 5497 BENCHMARK LANE 34 CITY-ST-ZIP SANFORD FL 32773
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)