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Mar 05 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 # K59313 (2)
 1. Corporation Name
PESTBAN PEST CONTROL OF FLORIDA, INC.



Principal Place of Business: **5497 BENCHMARK LN. SANFORD FL 32773-433 US**
 Mailing Address: **5497 BENCHMARK LN. #140 SANFORD FL 32773-8433 US**

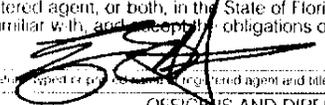
3. Date Incorporated or Qualified: **01/18/1989**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2917568**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 22. City & State
 23. City & State
 24. Zip Country

9. Name and Address of Current Registered Agent
SCHMITT, RICHARD R
292 WEKIVA PK. DR.
1275 BENNETT RD #140
SANFORD FL 32773

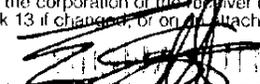
10. Name and Address of New Registered Agent
 81 Name: **ELIZABETH SCHMITT**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 **5497 BENCHMARK LANE**
 84 City: **SANFORD FL** 85 Zip Code: **32773**

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	<input type="checkbox"/> DELETE	1.1 TITLE: SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHMITT, RICHARD R.		1.2 NAME: SCHMITT RICHARD	
STREET ADDRESS: 292 WEKIVA PK. DR.		1.3 STREET ADDRESS: 5497 BENCHMARK LN	
CITY-ST-ZIP: SANFORD FL		1.4 CITY-ST-ZIP: SANFORD FL 32773	
TITLE: T	<input type="checkbox"/> DELETE	2.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHMITT, ELIZABETH A.		2.2 NAME: SCHMITT ELIZABETH	
STREET ADDRESS: 292 WEKIVA PK. DR.		2.3 STREET ADDRESS: 5497 BENCHMARK LANE	
CITY-ST-ZIP: SANFORD FL		2.4 CITY-ST-ZIP: SANFORD FL 32773	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME: CHITWOOD KENNETH	
STREET ADDRESS:		3.3 STREET ADDRESS: 5497 BENCHMARK LANE	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: SANFORD FL 32773	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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:  (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)