FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # K6799 P-EM PEST CONTROL, INC	1-7						44 B4811 B4	
Principal Place of Business Mailing Address						- I HOUNEIKI OHU DIIII HUUUT ITAID HUUT	i ivii didii tivi	JI OHOH OL	:0 Figil 940(1941
STOMP-EM PEST CONTROL 10101 NW 46 ST SUNRISE FL 33351 US		STOMP-EM PEST CON 10101 NW 46 ST SUNRISE FL 33351 US	SUNRISE FL 33351			2 Date Insuranted a Confession	le s		
						3. Date Incorporated or Qualified 3a. Date of Last Re 02/20/1989 05/01/199			
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	<u>├</u> ¬			4. FEI Number 65-0105950			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			75 Additional
City & State		City & State	City 8 State			6. Election Campaign Financing			e Required OO May Be
23 Zip	Country	28 Zip	Zip Country			Trust Fund Contribution		Add	ded to Fees
24	25	29	30	ti y		This corporation has liability for in Florida Statutes Yes	ntang⊮ble tax ∐No	cunder	s 199.032,
	9. Name and Address of Currer	it Registered Agent		81	NI	10. Name and Address of New Re	gistered A	gent	
KING, J.	. DAVID		L		Name				
341 NW 103RD AVENUE				82	Street Addr	ldress (P.O. Box Number is Not Acceptable)			
PLANTA	NTION FL 33324		7	83					
			<u> </u>	84	City			85 2	Zip Code
11. Pursuant tr	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above		anuad caracr	ration submits this statement for the purp	FL.	Щ	
	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect		d by the co	orpo	oration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoi	intment as r	egistere	registered office ad agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and late deep limber	97% DIVITIST						
12.	OFFICERS ANI		13.	ager I	signature requires	ADDITIONS/CHANGES TO OFFIC	DATE DEBS AND I	DIBECT	OBS IN 12
TITLE	D NATIONS DANIES D	DELETE 1		1 1 TITLE			·	Change	· · · · · · · · · · · · · · · · · · ·
NAME	MALONE, DANIEL B. 10250 NW 2ND CT.		1.2 NA.	M:					
STREET ADDRESS	PLANTATION FL				ADDRESS				
CITY-ST-ZiP TITLE	D	☐ DELETE	1.4 City 2 1 Titi		ZIF			1 Change	- I addition
NAME	MALONE, SUSAN C.		2 2 NAM				Ц] Change	Addition
STREET ADDRESS	10250 N.W. 2ND COURT				ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2.4 CITY	Y-S1	- ZIP				
TITLE		☐ DELETE	3 1 TITL					Change	Addition
NAME STREET ADDRESS			3.2 NAM						
GITY-ST-ZIP			•		ADDRESS				
TITLE		☐ DELETE	3.4 CITY 4.1 T/TE		-215			Change	Addition
NAME		_	4 2 NAM					Onlange	
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY - S1 - ZIP			4 4 C(TY	(-SI-	- 21P				
THE		☐ DELETE	5 1 1(1)					Change	Addition Addition
NAME STREET ADDRESS			5 2 NAM						
CITY - ST - ZIP			5 3 STHE		ADDRESS				
TITLE		DELETE	6 1 TiTE		-712	-		Change	Addition
NAME		-	6.2 NAM					onango	Addition
STREET ADDRESS			6.3 STRE	EET AI	ADDRESS				
CITY-ST-ZiP			6 4 CITY	-81-	- ZIP				
						or the exemption stated in Section 119.0 le and that my signature shall have the se			
	am an officer or director of the corpor Block 12 or Block 13 if changed, or o			d to	execute this	report as required by Chapter 607, Flor	ida Statutes	; and th	nat my name
	.// • /	2 K 1/1	•			· La la	0.000	· -	
SIGNATI		PRINTED NAME OF SIGNING OFFICE	OR DIRECTO	R.		1/29/96	SOS-74	time Prione	250