

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L01912 (9)

1. Corporation Name
ANCIENT CITY PEST CONTROL, INC.

Principal Place of Business
P.O. BOX 860263
3400 US 1 SOUTH
ST AUGUSTINE FL 32086

Mailing Address
P.O. BOX 860263
3400 US 1 SOUTH
ST AUGUSTINE FL 32086
US

FILED

97 JUL 18 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1989	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2959600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMICK, PEGGY
4828 AVE. D
ST AUGUSTINE FL 32095

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS MCCORMICK, GARY
CITY-ST-ZIP 407 ST. GEORGE AVE.
ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME V
STREET ADDRESS MCCORMICK, PEGGY
CITY-ST-ZIP 407 ST. GEORGE AVE.
ST AUGUSTINE FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS SMITH, CHARLES
CITY-ST-ZIP 401 FORTUNA AVE 212 Hawthorne Rd.
ST AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600002247166-2
-07/24/97--01107--019
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *[Signature]* 7-15-97 9066782321

CR2E034 (4/97)

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ANCIENT CITY PEST CONTROL, INC.

3400 US 1 SOUTH
P.O. BOX 860263
ST. AUGUSTINE, FL 32086
"JUST SAY NO TO BUGS"
(904) 797-3121
(904) 797-2082 FAX

July 15, 1997

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION

ON 7-15-97 I RECEIVED A SECOND NOTICE FOR MY CORPORATION REPORT. I CALLED FLA. DEPT OF STATE TO CHECK ON MY FIRST REPORT WHICH WAS MAILED ON 6-14-97. THE GIRL I TALKED TO SAID SHE SHOWS THAT THE REPORT HAS NOT BEEN RECEIVED.

MY WIFE'S CORPORATION, DAYDREAMS DAY CARE, INC. HAD BEEN RECEIVED. WE ASSUME THAT ANCIENT CITY PEST CONTROL, INC. REPORT MUST HAVE BEEN LOST IN THE MAIL. THEREFORE I HAVE STOPPED PAYMENT ON CHECK #5660 AND RE-ISSUING A NEW CHECK #6160

THANK YOU,

Gary McCormick

GARY MCCORMICK
PRESIDENT