

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L16078** (2)

1. Corporation Name

PERSCHEL & MEYER PEST MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**334 S 5TH AVE
JACKSONVILLE BEACH FL 32250
US**

**PO BOX 51607
JACKSONVILLE BEACH FL 32240
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/13/1989

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2967235

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

10. Name and Address of New Registered Agent

**PERSCHEL SR, MARK K.
334 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32240**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME
DVT
PERSCHEL, MARK K SR
2755 SEBASTIAN CT.
JACKSONVILLE FL
2. TITLE
DPS
MEYER, ROBERT H JR
719 MCCULLUM CIR
NEPTUNE BEACH FL
3. NAME
D
MEYER, TERI
719 MCCULLUM CIRCLE
NEPTUNE BEACH FL
4. TITLE
D
PERSCHEL, LINDA
2759 SEBASTIAN CT.
JACKSONVILLE FL
5. NAME
6. TITLE
7. NAME
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97. NAME
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99. NAME
100. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. 2. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. 3. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. 4. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. 5. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. 6. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. 7. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. 8. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. 9. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. 10. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. 11. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. 12. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. 13. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. 14. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. 15. TITLE ☐ Change ☐ Addition
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59. STREET ADDRESS
60. CITY-STATE-ZIP
61. 16. TITLE ☐ Change ☐ Addition
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63. STREET ADDRESS
64. CITY-STATE-ZIP
65. 17. TITLE ☐ Change ☐ Addition
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69. 18. TITLE ☐ Change ☐ Addition
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73. 19. TITLE ☐ Change ☐ Addition
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75. STREET ADDRESS
76. CITY-STATE-ZIP
77. 20. TITLE ☐ Change ☐ Addition
78. NAME
79. STREET ADDRESS
80. CITY-STATE-ZIP
81. 21. TITLE ☐ Change ☐ Addition
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP
85. 22. TITLE ☐ Change ☐ Addition
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. 23. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. 24. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. 25. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the shareholder 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, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

804-24-3409

CR2E034 (12/95)