

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **L16078** (2)

1. Corporation Name

PERSCHEL & MEYER PEST MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 51607
JACKSONVILLE BEACH FL 32240-1607
US**

2. Principal Place of Business

21 1181-1183 S. 10th Street

2a. Mailing Address

26 Suite, Apt #, etc.

Suite, Apt #, etc.

22

City & State

23 Jacksonville Beach, FL

Zip

24 32250

Country

25 USA

City & State

27

Zip

29

Country

30

3. Date Incorporated or Qualified

09/13/1989

3a. Date of Last Report

02/13/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0505, 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

TITLE **DVT** ☐ DELETE**PERSCHEL, MARK K SR
2755 SEBASTIAN CT.
JACKSONVILLE FL**

CITY-ST-ZIP

**2755 SEBASTIAN CT.
JACKSONVILLE FL**

CITY-ST-ZIP

DPS ☐ DELETE**MEYER, ROBERT H JR****719 MCCULLUM CIR****NEPTUNE BEACH FL**

CITY-ST-ZIP

D ☐ DELETE**MEYER, TERI****719 MCCULLUM CIRCLE****NEPTUNE BEACH FL**

CITY-ST-ZIP

D ☐ DELETE**PERSCHEL, LINDA****2759 SEBASTIAN CT.****JACKSONVILLE FL**

CITY-ST-ZIP

D ☐ DELETE**PERSCHEL, LINDA****2759 SEBASTIAN CT.****JACKSONVILLE FL**

CITY-ST-ZIP

D ☐ DELETE**PERSCHEL, LINDA****2759 SEBASTIAN CT.****JACKSONVILLE FL**

CITY-ST-ZIP

D ☐ DELETE**PERSCHEL, LINDA****2759 SEBASTIAN CT.****JACKSONVILLE FL**

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)