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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

PERSCHEL & MEYER PEST MANAGEMENT, INC.

FILED Apr 17 1998 8:00am Secretary of State



				{	81811 81811 81811 81811 81 1 11 1883
Principal Place of Business Mailing Address					
1181-1183 S 10TH ST PO BOX 51607					
JACKSONVILLE BEACH FL 32250		JACKSONVILLE BEACH FL 32240 US		DO NOT WRITE IN THIS SPACE	
US		uo		3. Date Incorporated or Qualified	
				09/13/1989	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2967235	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	ed Agent
PERSCHEL SR, MARK K.			81 N(p/e)	rt H. Meyer Sc	
334 STH AVENUE SOUTH			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JA	CKRONVILLE BEACH FL 32240			- 1183 S. 10th ST	
			83		
	\		84 Gir		85 Zip Code
	Akii l		" Jack	sonville Beach F	·I スクラ(ご)
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 registrated 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 fatilital with and accept the obligations of, Section 607.0505, Florida Statutes.					
office or registrated by the corporation's poard or directors. I hereby accept the appointment as registered agent. Lam faithful with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE AND WILLIAM SIGNATURE					
GIGHATOTIC	Sign live, typed or puried name of registered agei		Regislered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DVT	☐ DELETE	1.1 TITLE		Change L Addition
NAME	PERSCHELL MARK K SR		1.2 NAME		
STREET ADDRESS	2755 SEBASTIAN CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	Deter	1.4 CITY-ST-ZIP		Change Addition
TITLE	DPS	DELETE	2.1 TITLE		C change C Audition
NAME	MEYER, ROBERT H JR		2.2 NAME		
STREET ADDRESS	719 MCCULLUM CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL	- Constr	2. 4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	3.1 TITLE		Change Chyonnon
NAME	MEYER, TERI		3.2 NAME		
STREET ADDRESS	719 MCCULLUM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL	- DELETE	3.4. CITY-ST-ZiP		Change Addition
TITLE	D DECOCCUEL LINDA	☐ DELETE	4.1 TITLE		Change Addition
NAME	PERSCHEL, LINDA		4. 2 NAME		
STREET ADDRESS	2759 SEBASTIAN CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		CHOORING THE MORROR
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[] ADJETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	/\	DELETE	6.1 TITLE		C Change C Addition
NAME	11.		6.2 NAME		
STREET ADDRESS	11/1/1		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Continue data 07/0/6) Florido Canados I fuebo	

14. I hereby certify that the information sup-indicated on this annual repur or suppli-officer or director of the corporation or, Block 12 or Block 13 if changed, in offi supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio upplemental 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 orithe receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.