

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90102 003 \*\*\*150.00

**DOCUMENT # L16078**

1. Corporation Name

**PERSCHEL & MEYER PEST MANAGEMENT, INC.**

Principal Place of Business  
1181-1183 S 10TH ST  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address  
PO BOX 51607  
JACKSONVILLE BEACH FL 32240  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/13/1989**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ 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** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**MEYER, ROBERT H JR**  
**1181 - 1183 S 10TH ST**  
**JACKSONVILLE BEACH FL 32250**

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVT**  
**PERSCHEL, MARK K SR**  
**2755 SEBASTIAN CT.**  
**JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS**  
**MEYER, ROBERT H JR**  
**719 MCCULLUM CIR**  
**NEPTUNE BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MEYER, TERI**  
**719 MCCULLUM CIRCLE**  
**NEPTUNE BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PERSCHEL, LINDA**  
**2759 SEBASTIAN CT.**  
**JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

**1865 Nightfall Dr.**  
**Neptune Beach FL 32266**

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

**1865 Nightfall Dr.**  
**Neptune Beach FL 32266**

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 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, with all other like empowered.

SIGNATURE:

**Teri A Meyer** **TERI A Meyer**

**3/9/99** **904 241 3409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)