

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L19364 (3)**

1. Corporation Name
ENVIRONMENTAL PEST CONTROL, INC.



Principal Place of Business: **4505 BROOK DR. W PALM BEACH FL 33417**
Mailing Address: **4505 BROOK DR. W PALM BEACH FL 33417**

3. Date Incorporated or Organized: **09/28/1989** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0160463** 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

2. Principal Place of Business: 21 Sube, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Sube, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **BOCCIA, ANTHONY 4505 BROOK DR. W PALM BEACH FL 33417**
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOCCIA, ANTHONY		1.1 NAME:	
STREET ADDRESS: 4505 BROOK DRIVE		1.2 STREET ADDRESS:	
CITY-ST-ZIP: W PALM BEACH FL		1.3 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	<input type="checkbox"/> DELETE	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOCCIA, SUSAN		2.1 NAME:	
STREET ADDRESS: 4505 BROOK DRIVE		2.2 STREET ADDRESS:	
CITY-ST-ZIP: WEST PALM BEACH FL		2.3 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.1 NAME:	
STREET ADDRESS:		3.2 STREET ADDRESS:	
CITY-ST-ZIP:		3.3 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.1 NAME:	
STREET ADDRESS:		4.2 STREET ADDRESS:	
CITY-ST-ZIP:		4.3 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.1 NAME:	
STREET ADDRESS:		5.2 STREET ADDRESS:	
CITY-ST-ZIP:		5.3 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.1 NAME:	
STREET ADDRESS:		6.2 STREET ADDRESS:	
CITY-ST-ZIP:		6.3 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this form, 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Boccia* **Anthony Boccia, Pres** 4076874764
4/15/96

CR2E034 (12/95)