

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90037 037 ***150.00

DOCUMENT # L21502

1. Corporation Name

GARNER PEST CONTROL, INC.

Principal Place of Business

285 EAST HOFFMAN
LAKE ALFRED FL 33850

Mailing Address

285 EAST HOFFMAN
LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

59-2973893

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CARTER, ROBERT T.
285 EAST HOFFMAN
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

81 Name

David T. Carter

82 Street Address (P.O. Box Number is Not Acceptable)

2656 Trinity Circle NW

83

84 City

Winter Haven

FL

85 Zip Code
33881

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 *David T. Carter*
Signature, typed or printed name of registered agent and title if applicable.

David T. Carter
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
CARTER, ROBERT T.
STREET ADDRESS 285 EAST HOFFMAN
CITY-ST-ZIP LAKE ALFRED FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1. TITLE ☐ Change ☒ Addition

1.2. NAME D
Joyce A. Carter
1.3. STREET ADDRESS 285 EAST HOFFMAN
1.4. CITY-ST-ZIP LAKE ALFRED FL 33850

2.1. TITLE ☐ Change ☒ Addition

2.2. NAME David T. Carter
2.3. STREET ADDRESS 2656 Trinity Circle NW
2.4. CITY-ST-ZIP Winter Haven FL 33881

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 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:

Joyce A. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce A. Carter

Date

3-15-99 (941) 299-2040

Daytime Phone #

CR2E034 (11/98)

0436590