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

PROFIT CORPORATION ANNUAL REPORT



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

1996		
DOCUMENT	#	

L23282

(1)

LIGHTNING DO YOUR OWN PEST CONTROL, INC.

			· · · · · · · · · · · · · · · · · · ·		
Principal Place	of Business	Mailing Address			
8412 SHELDO	=	8412 SHELDON RD			
TAMPA FL 33		TAMPA FL 33615			
US		U\$		3. Date Incorporated or Qualified 10/16/1989	3a. Date of Last Report 04/21/1995
21 8416	C SHELDON RD	2a. Mailing Address 26 84/2 54	IELDON RD	4. FEI Number 65-0153127	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	See Required
City & State  23 /Amr	oa t L	City & State  28 TAMPA	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Žp</sup> 336	/5 Country	<sup>Ζφ</sup> 336/5	Gountry 30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
TARMAN	, RICHARD E.		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
	ERNWAY LANE				
DADE C	TY FL 33525		83		
			84 City		FL 85 Zip Code
or registere familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Socti	ia. Such change was authorize on 607.0505, Florida Statutes.	d by the corporation's boa	rd of directors. Ehereby accept the app	
12.	Signature, typod or printed name of registeren a pilit OFFICERS AND		E. Begestered Ajer Lagrature require		DATE
TITLE	PD OFFICE.NS AND	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
NAME	TARMAN, RICHARD E.		1.2 NAME		
STREET ADDRESS	11105 FERNWAY LANE		1 3 STREET ADDRESS		
CITY - ST - ZIP	DADE CITY FL		1.4 CITY - ST - ZIP		
THILE	STD	☐ DELETE	2 1 TISLE		Change [ ] Addition
NAME	TARMAN, E JEAN		2.2 NAME		
STREET ADDRESS	11105 FERNWAY LANE		23 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		2.4 CITY - ST - ZIP		
THLE	D	☐ DELETE	3 ) TITLE		Change Addition
NAME	CLIFF, ALICE M		3.2 NAME		
STREET ADDRESS	29744 67TH ST N		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	4 1 THTLE		Change
NAME	CLIFF, MICHAEL J		4 2 NAME		·
STREET ADDRESS	297444 67TH ST N		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	F3 PCIEV	4 4 City - ST - ZiP	<b></b>	
TITLE		DELETE	5 1 TOTLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City - ST - ZiP 6.1 TiTLE		Change Addition
NAME		beerie	62 NAME		C onlyinge C Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST-ZIP		
14. I do hereb			shed and does not quality:	for the exemption stated in Section 119	
certify that oath; that	the information indicated on this annulation an officer or director of the corpo	ial report or supplemental annuration or the receiver or trusted	ial report is true and accura enripowered to execute th	ate and that my signature shall have th iis report as required by Chapter 607, F	e same legal effect as if made under Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4/29/96 (813) 885-1157

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CR2E034 (12/95)