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 # L26036

(8)

TARGET PEST SERVICES, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address			t footifie are stole asies asies siste but	<u> </u>
,		P O BOX 2189				
STE. 320 ORANGE PARK FL 32		67				
ORANGE PARK FL 32073 US				DO NOT WRITE I	N THIS SPACE	
US				;	 Date Incorporated or Qualified 10/25/1989 	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 26				59-2974771	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27					Fee Required	
City & State				6, Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation owes or has paid Personal Property Tax due June 3	-/ ' - '
24	Name and Address of Current		30		Name and Address of New Reg	· -
STEVENS, RONNIE L SR 81 Name						
			(B.O. B. N. J. S. N. J. S. S. J. S.			
2175 KINGSLEY AVE STE 320			82 St	ireet Address	(P.O. Box Number is Not Acceptable))
ORANGE PARK FL 32073			83			
			na na	· · · · · · · · · · · · · · · · · · ·		leel 3 - O-d-
			84 Ci	ny		FL 85 Zip Code
44 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-pamed 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 bits if apply thick. (NOTE: Registered Agent a gnature required when reinstaling). DATE						
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	STEVENS, RONNIE L SR	T Derese	1.1 HILE			☐ Change ☐ Addition
BATE VINCOLEV AVE. OVE. 000			1.2 NAME			1
STREET ADDRESS	ORANGE PARK FL	20	1.3 STREET ADDR			
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CITY-ST-ZIF 2.1 TITLE	<u> </u>		Change Addition
NAME	STEVENS, JUNE	En treese	2.2 NAME			
STREET ADDRESS	2175 KINGSLEY AVE, STE 32	0	2.3 STREET ADDR	RESS		
CITY-ST-ZIP	ORANGE PARK FL	•	2. 4 CHY-ST-ZH			
TITLE		DELETE	3.1 TITLE	<u> </u>		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDR	RESS		
CITY-ST-ZIP			3.4. CITY - ST - 71			
TITLE		☐ DELETE	4.1 HTLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIF	Ρ		
TITLE		DELETE	5.1 HILE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY-ST - ZIF	Р		06
TITLE	-4	☐ DELETE	6.1 TITLE			Change Addition
NAME	į.		6.2 NAME			
STREET ADDRESS			6.3 STRFET ADDR			
CITY-ST-ZIP			6.4 CITY - ST - 7(F	P		

14. Thereby certify that the information supplied with this filing does not quality 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 tristly appears in Block 12 or Block 13 if changed or on an attachment with an address.

Times Charge H K-0