

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L52696 (6)

1. Corporation Name

PEST DEFENSE SYSTEM OF THE GULF COAST, INC.



Principal Place of Business

C/O PATRICK F. HEALY ESQUIRE
700 SOUTH BABCOCK STREET
MELBOURNE FL 32901-1472

Mailing Address

C/O PATRICK F. HEALY ESQUIRE
700 SOUTH BABCOCK STREET
MELBOURNE FL 32901-1472

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

9. Name and Address of Current Registered Agent

HEALY, PATRICK F. ESQUIRE
700 SOUTH BABCOCK STREET
MELBOURNE FL 32902

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

02/13/1995

4. F.E. Number

59-3056164

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

81. Name

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

83

84. City

FL

85. Zip Code

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST
TUREK, DONALD J.
8505 S. TROPICAL TRAIL
MERRITT ISLAND FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP
FOLEY, MILTON H
15943 N. FLORIDA AVE.
LUTZ FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(407) 254-9123

CR2E034 (12/95)