FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90006 018 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

C/O DOLORES C. OTT

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57025

1, Corpora ion Name

Principal Place of Business

C/O DOLORIES C. OTT

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

PEST CONTROL BY ROY W. OTT, JR., INC.

11280 N.W. 43RD ST. CORAL SPGS. FL 33065		11280 N.W. 43RD STREET CORAL SPRINGS FL 33065			DO NOT WRITE IN TH	S SPACE	
US	2 33000	3			3. Date ir corporated or Qualifed 03/01/1990		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	op ied For
		26			65-0175485		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			J. Consideration of the control of t		equired
City & S ate	B	City & State			6. Election Campaign Financing	•	∖Nay Be
!3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year		r=1.
4	25	29	30		Personal Property Tax.	Yes	0/ <u>K</u>]
	g Name and Add ess of Current	Registered Agent	04	I N	10. Name and Address of New Registere	a Agent	
017	DOLODES C		81	Name			j
	DOLORES C.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	O N.W. 43RD STREET						
CUR	AL SPRINGS FL 33065		83	1			
			84	City	F	L 85 Zip	Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida Statutes	the corporat	red when reinstating) poration submits this statement for the purpose tion's board of cirectors. I hereby accept the apparent when reinstating) DATE	or changing its	egistered
	Signature, typed or printed nar ie of registered agent OFFICERS AND		13,	in signature rode	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	DES IN 12
TITLE	D SFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITTOENCE	· Change	Addition
	OTT, ROY W., JR.		1.2 NAME				
NAME.	11280 NW 43RD ST.			T ADDRESS			
STREET ADDRESS	CORAL SPRINGS FL						
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP		Change	Addition
TITLE			2.1 THE				_
NAME	OTT, DOLORES C.			T. 1000540			
STREET ADDRESS	11204 1111 10112 011			TADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-	ST-ZIP .		Change	Addition
TITLE							_
NAME			. 3.2 NAME				
STREET ADDRESS				TADDRESS			ĺ
CITY-ST-ZIP		C pri ETF	3 4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Gridinge	
NAME			4. 2 NAME				i
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			— — Addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
OTDEET ADDDELLO			6.3 STREE	TADDRESS			

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 comparation 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 charged or on an attachment with an address, with a light empowered.

6.4 CITY-ST-ZIP