FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L59588** **(8)**

1. Corporation Name
CAN ELIMINATE PESTS, INC.

Principal Place of Business
C/O DENNIS J. LUMSDEN
6719 WINKLER RD. SUITE 121
FORT MYERS FL 33919

Mailing Address
C/O DENNIS J. LUMSDEN
6719 WINKLER RD. SUITE 121
FORT MYERS FL 33919

3. Date Incorporated or Qualified: **03/19/1990**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business
21 15353 Myrtle St
Suite, Apt. #, etc.
22
City & State
23 FT Myers FL.
Zip 24 33908 County 25 USA

2a. Mailing Address
26 PO Box 08231
Suite, Apt. #, etc.
27
City & State
28 FT Myers FL
Zip 29 33908 Country 30 USA

4. FEI Number: **65-0179675** ☐ 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 [illegible] tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUNSDEN, DENNIS J.
6719 WINKLER ROAD
SUITE 121
FT. MYERS FL 33919

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

11. Pursuant to the provisions of Section 607.0502 and 607.1502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	D JOHNSON, CAROL ANN NOFTZ PO BOX 08231 N/A FORT MYERS FL 33908	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	VP JOHNSON, RICHARD P.O. BOX 08231 N/A FORT MYERS FL	☐ DELETE	2 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP ☐ Change ☐ Addition
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true, and 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 with an address.

SIGNATURE: Richard J. Johnson 1-31-96 (941)466-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)