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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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(8)

CAN ELIMINATE PESTS, INC. Principal Place of Business Mailing Address 15353 MYRTLE ST P.O. BOX 08231 FT. MYERS FL 33908 6719 WINKLER RD. SUITE 121									
US		FT. MYERS FL 33908-0181							
		US				3. Date Incorporated or Qu	,	Date of Last F	Report
2. Principal Place of Busines	e	2a, Marting Address	e			03/19/1990 4. FEI Number	04	2/07/1996	oplied For
1	O .	26	o .			65-0179675			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, et	ic.			5. Certificate of Status Des	ired []		Additional
2		27				b. Certificate of Status Des	1160	Fee R	equired
City & State		City & State				6. Election Campaign Final			May Be
23	Country	28				Trust Fund Contribution			to Fees
Zip 25	Country	Ζιρ 29	30	untry		 This corporation has liab Florida Statutes 	Hity for intangil Yes		. 199.032,
	d Address of Current		[30]	T		10. Name and Address of I			
LUNSDEN, DENNIS				81	Name				***************************************
6719 WINKLER RO				82	Ctroot Add	ress (P.O. Box Number is Not A	Acentable)		
SUITE 121				02	Sireet Addi	ess (r.o. box indinger is inol A	ccepianie)		
FT. MYERS FL 339	919			83	•				
				84	City			. 85 Zip	Code
					•		F	L I I	
 Pursuant to the provision office or registered agen. 	s of Sections 697.0502 t_or both, in the State o	and 607.1508, Florida f Florida, Such change	Statutes, the a	above-	named corp	coration submits this statement	for the purpose iv accept the a	e of changing i appointment as	ts registered registered
agent I am fam liar with.	and accept the obligati	ions of, Section 607.05	605, Florida Sta	ed by i atutes.	ine corporat	coration submits this statement tion's board of directors. I hereb	,, 0000),		
SIGNATURE									
SIGNATURE Signature, tysied or p	printed name of regissived agent	and trie if applicable	(NOTE: Register	ed Agent		red when reinstating)	DATE	E	
SIGNATURE Signature, system or F		and trie if applicable	(NOTE: Register	ed Agent			DATE	E	RS IN 12
SIGNATURE Signature, spaced or p 12. HRF D	printed name of regissived agent	and trie if applicable DIRECTORS	(NOTE: Register 13 TE 1.1	ed Agent		red when reinstating)	DATE	ND DIRECTO	RS IN 12
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