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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(8)

WILSONS' LAWN & ORNAMENTAL PEST CONTROL, INC.



		Litera Addreson	·			*****		
Principal Place   10901 CHILDE		Mailing Address 10901 CHILDERS ST 1	<b>R</b> F					
BONITA SPRI	NGS FL 33923	BONITA SPRINGS FL						
					3. Date incorporated or Qualified 05/07/1990	3a. Date of 07/2	Lest Re 20/199	port 95
2. Principal Place of Business		2a, Maiing Address			4. FEI Number 65-0194562			Applied For
1		26			Not Ap		lot Applicable	
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State		City & State		6. Election Campaign Financing	7 1			
	and the same of th	28			Trust Fund Contribution			to Fees
Zip ]	Country	Zip	Cour	ntry	This corporation has liability for in Florida Statutes	ntangible tax i	under s	199.032,
L	25   9. Name and Address of Curren	1 Registered Agent	[30]		10. Name and Address of New R		ent	
	8, Manie and Address of Control	r Hogistores rigeria		81 Name				
WILSON	, WILLIAM F.			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
10901 CHILDER ST		la		52 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
BONITA	SPRINGS FL 33923			83				
				84 City			85 Zıp	Code
					pration submits this statement for the pur	FL	<u> </u>	
iignature. 🦼	and the second s	A. C.	Of the Descriptions	Aport cionalus, secur	not when reinstaling)	DATE		
IGNATURE.	Signature, typical or printed name of registered agent			Agent signature requi		DATE	IDECTO	DC IN 12
2.	Styrature, tyced or printed name of registrated agont OFFICERS AND	D DIRECTORS	13.		red when reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND D	~	
<b>2.</b> [L[	OFFICERS AND		13. 1.1 Ti	TLE		ICERS AND D	IRECTO Change	
<b>≥.</b> LE ME		D DIRECTORS	13. 1.1 Ti 1.2 NA	TLE		ICERS AND D	~	
Z. LE IME REET ADDRESS	OFFICERS AND P WILSON, WILLIAM F.	D DIRECTORS	13. 1. 1 Ti 1.2 NA 1.3 ST	TLE NVE REET ADDRESS		ICERS AND D	~	
Z. ILE IME REET ADDRESS TY-ST-ZIP	P WILSON, WILLIAM F. 10901 CHILDERS ST., SE BONITA SPRINGS FL ST	D DIRECTORS	13. 1. 1 Ti 1.2 NA 1.3 ST	TLE NWE REET ADDRESS TY-ST-ZIP		ICERS AND D	~	Addition
Z. TLE KME REET ADDRESS TY-ST-ZIP ILE	P WILSON, WILLIAM F. 10901 CHILDERS ST., SE BONITA SPRINGS FL ST WILSON, BETTY L.	O DIRECTORS	13. 1.111 1.2 NA 1.3 ST 1.4 C(	TLE  WE  REET ADDRESS  TY - ST - ZIP  TLE		ICERS AND D	Change	Addition
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Z.  LE ME REE! ADDRESS IY-SI-ZIP LE MME REET ADDRESS IY-SI-ZIP LE TADDRESS IY-SI-ZIP	P WILSON, WILLIAM F. 10901 CHILDERS ST., SE BONITA SPRINGS FL ST WILSON, BETTY L. 10901 CHILDERS ST., SE BONITA SPRINGS FL	O DIRECTORS	13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Ci 2.1 Ti 22 NA 23 ST 2.4 Ci 3.1 Ti	TLE  WE  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TILE		CERS AND C	Change	Addition
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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 it 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 if changed, or on an attachment with an address.

OF SIGNING OFFICER OR DIRECTOR