

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L82671 (3)

1. Corporation Name

PESTBAN ENTERPRISES SUN COAST, INC.

Principal Place of Business

Mailing Address

11168 SUN CENTURY ROAD
SUITE 116
NORTH NAPLES FL 33963
US

11168 SUN CENTURY ROAD
SUITE 116
NORTH NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

07/12/1994

4. FEI Number

59-3025146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1116 Sun Century Rd.

25 1116 Sun Century Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 Suite B

City & State

City & State

23 North Naples, FL

28 North Naples

Zip

Zip

24 33963

29 FL

Country

25 USA

Country

26

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMITT, ELIZABETH A.
2337 RIVER TREE CIR.
SANFORD FL 32771

81 Name

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

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84 City

85 State

86 Zip Code

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST
NAME	SCHMITT, ELIZABETH, A
STREET ADDRESS	2337 RIVER TREE CIR.
CITY ST ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	Pres.	☒ Change ☐ Addition
12 NAME	Schmitt, Elizabeth	
13 STREET ADDRESS	131 Feather Edge Loop	
14 CITY ST ZIP	Lake Mary, FL 32746	
21 TITLE	Vice Pres	☐ Change ☒ Addition
22 NAME	Hiers, James L. III	
23 STREET ADDRESS	4730 Spring Creek Drive	
24 CITY ST ZIP	Bonita Springs, FL 33923	
31 TITLE	ST	☐ Change ☒ Addition
32 NAME	Hiers, Emma A	
33 STREET ADDRESS	4730 Spring Creek Drive	
34 CITY ST ZIP	Bonita Springs FL 33923	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

Elizabeth Schmitt - President

DATE

4/23/95

(In the presence of)

(800) 288-8237