**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 # **L82671** **(3)**

1. Corporation Name
**PESTBAN ENTERPRISES SUN COAST, INC.**

Principal Place of Business
1116 SUN CENTURY ROAD
SUITE B
NORTH NAPLES FL 33963
US

Mailing Address
1116 SUN CENTURY ROAD
SUITE B
NORTH NAPLES FL 33963
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **06/25/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3025146** 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
**SCHMITT, ELIZABETH A.**
**131 FEATHER EDGE LOOP**
**LAKE MARY FL 32746**

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 607.0505, 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 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P | ☐ DELETE |
| NAME | SCHMITT, ELIZABETH, A | |
| Street Address | 131 FEATHER EDGE LOOP | |
| City, St, Zip | LAKE MARY FL 32746 | |
| TITLE | V | ☐ DELETE |
| NAME | HIERS, JAMES L III | |
| Street Address | 4730 SPRING CREEK DRIVE | |
| City, St, Zip | BONITA SPRINGS FL 33923 | |
| TITLE | ST | ☐ DELETE |
| NAME | HIERS, EMMA A | |
| Street Address | 4730 SPRING CREEK DRIVE | |
| City, St, Zip | BONITA SPRINGS FL 33923 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| Street Address | | |
| City, St, Zip | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| Street Address | | |
| City, St, Zip | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| Street Address | | |
| City, St, Zip | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | ☐ Change ☐ Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY, ST, ZIP | |

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, complete, and accurate, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am authorized to execute this corporation's annual or supplemental annual report in 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 above, or on an attached amendment, or a statement with the articles.

**SIGNATURE:** Emma A. Hiers - See Pres 01/17/96 (941)594-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Emma A. Hiers - See Pres