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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 1 96358

(1)

CONNER PEST CONTROL, INC. Principal Place of Business Mailing Address 106 NW 94 WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-7312				+17		Date Incorporated or Qualified 3a. Date of Last Report				
657777777		T			·	08/24/1990 4. FEI Number		07/05/191		
z, Principai Pi	lace of Business	2a. Mailing Address			`	65-0219169		-		lied For Applicable
Suite Apt	#, etc.	Suite, Apt. #, etc	,		1-1-1 1-7 ,,,,,,	5. Certificate of Status Desired		•		ditional
City & State	0	City & State				Election Campaign Financin Trust Fund Contribution			л 00. ot beb	Aay Be Fees
Zip V	Country 25	Zip 29	30 Co	untry		This corporation has liability Florida Statutes	for intang		ters.	199.032,
	9. Name and Address of Cu	rrent Registered Agent		<u> </u>		10. Name and Address of New	Registe	red Agent		
	NNER, CHARLES S.			81	Name					
	NW 94 WAY RAL SPRINGS FL 33071			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)			
				83	City			85	Zıp Cı	ode
	,			1 1	•	······································	<u> </u>		•	
office or n	registered agent, or both, in the S	tate of Florida, Such change,	was authorize	ed by i	the corporati	ion's board of directors, I hereby a				
SIGNATURE	to the provisions of Sections 607, registered agent, or both, in the Semilamiliar with, and accept the old Signature, typed or printed name of reposers					ed when reinstating)	DA'			
IGNATURE 2,	Signature, typed or printed name of registers	d agent and little if applicable AND DIRECTORS	(NOTE Register	ed Agen			DA	TE AND DIREC	TORS	IN 12
SIGNATURE 2, III.	Signature, typical or printed name of reposers. OF FICERS	d agent and little if applicable	(NOTE Register) 13.	ed Agen		ed when reinstating)	DA	TE	TORS	
SIGNATURE 2. IILE AME I REET ADDRESS	Stputtire, typict of printed name of repower. OFFICERS DP CONNER, CHARLES S. 106 NW 94 WAY	d agent and little if applicable AND DIRECTORS	(NOTE Register 13. E 1.11 12) 135	ed Agen TITLE NAME STREET A	nt signature require	ed when reinstating)	DA	TE AND DIREC	TORS	IN 12
IGNATURE 2. THE AME IREET ADDRESS TY-SI-ZIP	Stputture, typict of printed name of repower. OFFICERS DP CONNER, CHARLES S.	d agent and little if applicable AND DIRECTORS	(NOTE Register 13. E 1.11 12) 135 140	ed Agen TITLE NAME	nt signature require	ed when reinstating)	DA	TE AND DIREC	TORS	IN 12
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SIGNATURE:

Mayline A Word OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97 (954)34542

FILED

Apr 15 1997 8:00am

Secretary of State