

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96895
 1. Corporation Name
First Coast Pest Management, Inc.

Principal Place of Business P. O. Box 53315 Jacksonville, FL 32201	Mailing Address P. O. Box 53315 Jacksonville, FL 32201
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 8/30/1990	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3031840	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Smith Hulsey & Busey 1800 First Union National Bank Tower 225 Water Street Jacksonville, Florida 32202		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	FL

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Williams, Michael J.		1.2 NAME	
STREET ADDRESS 13161 Cricket Cove Rd., N. Jacksonville, FL		1.3 STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL		1.4 CITY-ST-ZIP	
TITLE DSP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Williams, Glenn Edward		2.2 NAME	
STREET ADDRESS 4158 Tideview Dr. Jacksonville, FL		2.3 STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL		2.4 CITY-ST-ZIP	
TITLE DTAS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Williams, Barbara A.		3.2 NAME	
STREET ADDRESS 13161 Cricket Cove Rd., N. Jacksonville, FL		3.3 STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL		3.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Williams, Marquita		4.2 NAME	
STREET ADDRESS 4158 Tideview Dr. Jacksonville, FL		4.3 STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Michael J. Williams** Date: **3/10/97** District Office # **904-739-3320**

CR2E034 (9/96)