

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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3. Date Incorporated or Qualified 8/30/1990	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3031840 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

Smith Hulsey & Busey
1800 First Union National Bank Tower
225 Water Street
Jacksonville, Florida 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DC NAME Williams, Michael J. STREET ADDRESS 13161 Cricket Cove Rd., N. CITY-ST-ZIP Jacksonville, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE DSP NAME Williams, Glenn Edward STREET ADDRESS 4158 Tideview Dr. CITY-ST-ZIP Jacksonville, FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE DTAS NAME Williams, Barbara A. STREET ADDRESS 13161 Cricket Cove Rd., N. CITY-ST-ZIP Jacksonville, FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE DV NAME Williams, Marquita STREET ADDRESS 4158 Tideview Dr. CITY-ST-ZIP Jacksonville, FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Williams 3/10/97 904-739-3320

DATE

Typed or Printed Name

CR2E034 (9/96)