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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M15257

1. Corporation Name

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90147 036 ***150.00

K. CUNI	ningham exterminating,	, INC.				
Principal Plac	e of Business	Mailing Address				WINI
1600 S W 52N	D TERRACE	1600 S W 52ND TERRACE				
PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed	IS SPACE
					05/13/1985	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-2530102	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible █Yes □No
24	9. Name and Address of Curren		30		Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address or Curren	it Registered Agent	81	Name	10. Name and Address of New Registere	a rigent
CUNNINGHAM, KEVIN JOHN 1600 S W 52ND TERRACE PLANTATION FL 33317			<u></u>			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age			nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	P OFFICERS AN	ID DIRECTOR\$	13.	1	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CUNNINGHAM, KEVIN JOHN		1.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	1		
TITLE	ST	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME	CUNNINGHAM, TAMMY LYN		2.2 NAME			
STREET ADDRESS	3524 S.W. 12TH PLACE	ير يوني در	23 STREE	TADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-	ST-ZIP		<u> </u>
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			i i	T ADDRESS		
CITY-ST-ZIP		☐ DELETE		ST-ZIP		Change Addition
TITLE		€ DECE IE	41 TITLE	Ì		
NAME			4, 2 NAME	T ADDRESS		
STREET ADDRESS			4.4 CITY-S			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	II- ZIF		☐ Change ☐ Addition
NAME		<u></u>	5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		
	1		6.4 CITY-5	1		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR