	. 29, 1999 or Limited Li	ability Company			
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State Division of Corporations			99 SEP 21 AH 10: 37 SECRETARY OF STATE		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address			TALLAHASSEE FLORIDA		
CHAMPAIGNE PEST CONTROL,  1 A ROBLING STORY  CHAMPAIGNE PEST CONTROL,  1 A ROBLING STORY  ORLANDO FL 32837			1a. Principal Place of Business Address  2724 ROLLING BROAK DRIVE  ORLANDO FL 32837		
2 Principal Place of Business 2a. Mailing Address			3. Date Organized or Qualified   3a. State of Formation		
Suite, Apt. #. etc.			01/14/1 4. FEI Number	997	DE Applied For
City & State ORLANDO FLORIDA ZID Country		FLORIDA	59-3413 5. Date of Last R		Not Applicable  6. Certificate of Status Desired
32837 USA 7. Name and Address of Current Re	32837	U.S.A.   8.	04/22/1 Name and Address		tered Agent/Office
· · · · · · · · · · · · · · · · · · ·			MPAIGNE PAUL D (P.O. Box Number Is Rot Acceptable) SETTLERS TRAIL ic.		
O. Dunantia the equipment Continue COO 445 on	4 COO EOO Florido Cantidos Abrados		ALANDO FL 32837		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE					
SIGNATURE (Registered Agent Accepting App  10. Title Managing Members/Managers		nature required when reinstating	Q)	City	, State and Zip Code
MBR CHAMPAIGNE, PAUL I	2213	SETTLERS NOULING BR SETTLERS NOULING BR	TRAIL	ORLANI	
			70(	0002: -09/28 ****)	9993071 /9901060003 188.75 ****188.75
11 I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM MEMBER OR MANAGER  Dayling Phone II					

INHSE10 R (6/99)



## **CHAMPAIGNE PEST CONTROL**

2213 SETTLERS TRAIL ~ ORLANDO, FL 32837 Phone (407) 240-7766

September 15, 1999

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To Whom This May Concern:

I am writing to inform you that we have never received any of the prior notices in regards to filing. Our address has changed from 2724 Rolling Broak Drive in June of 1998. Our new address is 2213 Settlers Trail Orlando, Florida 32837.

We have enclosed a check totaling \$188.75 for 1999. Please send future correspondence to our new address. Thank you for your patience in this matter.

Sincerely,

Paul D. Champaigne Certified Operator FILED MO 37
SEP 21 MO 37
FORTISSEE FLORE

PDC/jm