

ANNUAL REPORT  
1998

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001745 (5)  
1. Corporation Name

NATURAL PEST CONTROL COUNCIL OF AMERICA INC.

Principal Place of Business  
25-56TH ST SOUTH  
ST PETERSBURG FL 33707

Mailing Address  
25-56TH ST SOUTH  
ST PETERSBURG FL 33707

3. Date incorporated or organized  
03/25/1997

4. FEI Number  
59-349-8401 ☒ Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORNSTEIN, MORRIS V  
25-56TH ST SOUTH  
ST PETERSBURG FL 33707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PRESIDENT "D" ☐ Change ☒ Addition  
1.2 NAME MICHAEL WALKER, MICHAEL JO.  
1.3 STREET ADDRESS 453 22 AVE. S.E.  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE "D" ☐ Change ☒ Addition  
2.2 NAME ST. WALKER, BONNIE M  
2.3 STREET ADDRESS 453 22 AVE. SE.  
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE CLARKE "D" ☐ Change ☒ Addition  
3.2 NAME TRIPLETT  
3.3 STREET ADDRESS 2560 SOUTH SHORE DR. S.E.  
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)