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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04761

1. Corporation Name
TRULY NOLEN EXTERMINATING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3620 EAST SPEEDWAY
 TUCSON AZ 85716**

Mailing Address
**3620 EAST SPEEDWAY
 TUCSON AZ 85716**

3. Date Incorporated or Qualified

01/24/1985

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

PO Box 43550

4. FEI Number

86-0169166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Tucson, Arizona

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

85733 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
 NAME SHOOB, JUDITH A
 STREET ADDRESS 126 N SCOTTSDALE RD #11
 CITY-ST-ZIP TEMPE AZ 85281

1.1 TITLE Change Addition
 1.2 NAME **Chairman**
 1.3 STREET ADDRESS **Truly D. Nolen**
 1.4 CITY-ST-ZIP **1170 Third St S, #C-205**
Naples, FL 34102

TITLE VP
 NAME GREENHALGH, STEVE
 STREET ADDRESS 3651 BASELINE RD, #234 A & B
 CITY-ST-ZIP GILBERT AZ

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE P
 NAME SCOTT NOLEN
 STREET ADDRESS 234 N. ORANGE BLOSSOM TRAIL
 CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VP
 NAME HARTLEY ROBERT W.
 STREET ADDRESS 3620 E. SPEEDWAY
 CITY-ST-ZIP TUCSON AZ

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

TITLE DS
 NAME NOLEN, TRULY WILLIAM
 STREET ADDRESS 3620 EAST SPEEDWAY
 CITY-ST-ZIP TUCSON AZ

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

TITLE VP
 NAME RON DESEAR
 STREET ADDRESS 2525 WHITFIELD INDUSTRIAL WAY
 CITY-ST-ZIP SARASOTA FL

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 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: *Robert W. Hartley* **QUVP/Treasurer**

4.21.99

530-546-9130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)