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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009107 (3)

J & P EXTERMINATING CORP.

Principal Place of Business Mailing Address 3221 NW 30TH ST. 3221 NW 30TH ST. MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0370513 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year intengible ☐ No Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NAVARRETE, JORGE 3221 NW 30TH ST. **B2 MIAMI FL 33125** R3 84 City . (6.602 and 6.07, 15.08, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered submitted by Sychion 607,0505. Florida Statutes. office or registered agent agent familiar with, SIGNATURE (NOTE: Registered Agent signature required when reinstating) ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAVARRETE, JORGE. 1.2 NAME 3221 NW 30TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33125 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TIFLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 receive of the left 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 about tent with an address

3.1 TITLE

3.2 NAME

4 1 TITLE

4. 2 NAME

5.1 TITLE

5 2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3 3 STREET ADDRESS 3 4. City-St-ZiP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

DELETE

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SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP TITLE

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Change

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FILED

Feb 13 1998 8:00am

Secretary of State