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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014310 (6)

FILED May 07 1998 8:00am Secretary of State

LOGIC PEST CONTROL, INC.								
Principal Place of Business Mailing Address						-	FUIL DIVUU IIIUK IK	811 6811 106 1
2200 FORSY	P.O. BOX 607872							
ORLANDO F	L 328U3	ORLANDO FL 32960				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	-	
Delevious D	lean of Ducineon	On Mailing Address				12/21/1992	1 14-	
	lace of Business	2a. Mailing Address	26 Address			4. FEI Number 59-3157997	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	
22	_	27				5. Certificate of Status Desired	Fee Re	
City & State	е	City & State				6. Election Campaign Financing	\$5.00	
Zip Country		Zip - Country				Trust Fund Contribution	Added t	
24	25					 This corporation owes or has paid the c Personal Property Tax due June 30. 		angible No
<u>**</u>	9. Name and Address of Currer					10. Name and Address of New Registered		
' DAVIOSON, ROBERT L				81	Name			
	00 FORSYTH ROAD		B2 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)		
01	RLANDO FL 32803					<u> </u>		
				63				
				84 (City	F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				bove-n	named corpo	pration submits this statement for the purpose	of changing it	s 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.								registered
SIGNATURE	are ignored a real consequence of the consequence							
	Signature, typod or printed name of rige timed Age			d Agent a	signature require	d whon reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR [_] Change	Addition
TITLE NAME				1.1 TITLE 1.2 NAME			E Change	
STREET ADDRESS	2200 FORSYTH ROAD			1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803			IIY-ST-7				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 N/	AME				
STREET ADDRESS		2		2.3 STREET ADDRESS				
CITY-ST-ZIP		Detete	2.4 CITY - ST - ZIP		ZIP			Addition
TITLE		☐ DELÉTE 3.1					∐ Change	Addition
NAME				3.2 NAME 3.3 STREFT ADDRESS				
STREET ADDRESS City-St-Zip			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI		211		Change	Addition
NAME			4. 2 N					
STREET ADDRESS			4.3 ST	TREET AD	ORESS			
CITY-ST-ZIP			4.4 CI	ITY-ST-7	ZIP			
TITLE		DELETE	5.1 TI	TLE			Change	Addition
NAME			5.2 N/					
STREET ADDRESS				TREET AD	i			
CITY-ST-ZIP		☐ DELETE	5.4 CI 6.1 TI	IIY-SI-7	ZIP		Change	Addition
TITLE NAME		☐ otecie	6.2 N/					
STREET ADDRESS				rinc Ireet ad	ODRESS			
CITY-ST-ZiP				G.4 CITY - ST - ZIP				
14. I hereby	certify that the information supplied v	with this filling does not qualify f	or the exe	emptio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

4. 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 supplementaring 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 ecceiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, of our of another my hadress.

Paheat/ Nallingar) U-15-54 (75) 24