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

FILED Apr 22 1998 8:00am **PROFIT** FLOHIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9300002632 (6) PEST-TECH OF MARIANNA, INC. Principal Place of Business Mailing Address 2867 STATE CORRECTIONAL ROAD 2867 STATE CORRECTIONAL ROAD MARIANNA FL 32448 MARIANNA FL 32448 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-3161424 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MATTRAW, MICHAEL C 2867 STATE CORRECTIONAL ROAD Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32448 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change Addition TILLE 1.1 TITLE MATTRAW, MICHAEL C 1.2 NAME NAME 2867 STATE CORRECTIONAL ROAD STREET ADDRESS 13 STREET ADDRESS MARIANNA FL C11Y-S1-74P 14 CHY-ST-ZIP DELETE Change Addition 21 TITLE TIFLE MATTRAW, TAMMY JO 2 2 NAME NAMI 2867 STATE CORRECTIONAL ROAD 2.3 STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIFLE 3.1 TITLE 3.2 NAME NAMI 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELFTE Addition TOLE 4.1 THEF NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 52 NAME NAME

14. Thereby 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 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 trustoe 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 altachment with an address

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CHY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - S1 - ZIP

CITY-ST-ZIP

NAME

DELFTE

850-526-2964

Change

Addition

E034