

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000003851 (1)**

1. Corporation Name

COASTAL PEST SERVICES, INC.



Principal Place of Business

**11246-2 DISTRIBUTION AVE E
JACKSONVILLE FL 32256
US**

Mailing Address

**P O BOX 56934
JACKSONVILLE FL 32241-6934
US**

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3156288

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, JOHN B
11246-2 DISTRIBUTION AVE E
JACKSONVILLE FL 32256**

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 and typed or printed name of registered agent for the corporation.

Signature and typed or printed name of registered agent for the corporation.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D RICHARDSON, JOHN B**
STREET ADDRESS **5433 AUTUMN BROOK TRAIL NORTH**
CITY-STATE-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ DELETE

NAME **D MCQUARRY, JOHN**
STREET ADDRESS **5433 AUTUMN BROOK TRAIL NORTH**
CITY-STATE-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ DELETE

NAME **DP RICHARDSON, CHARLES T**
STREET ADDRESS **11246-2 DISTRIBUTION AVE E**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DVP TURNER, RUSSELL N**
STREET ADDRESS **11246-2 DISTRIBUTION AVE E**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)