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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000003851 (1)**

1. Corporation Name
COASTAL PEST SERVICES, INC.

Principal Place of Business	Mailing Address
11246-2 DISTRIBUTION AVE E JACKSONVILLE FL 32256 US	P O BOX 56934 JACKSONVILLE FL 32241-6934 US

3. Date Incorporated or Qualified: 01/13/1993	3a. Date of Last Report: 05/01/1996
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	

2. Principal Place of Business
21 | 6824 Phillip Pkwy Dr. S
22 | Suite, Apt. #, etc.
23 | Jacksonville, Fla
24 | Zip: 32256
25 | Country: Duval

2a. Mailing Address
26 | 6824 Phillips Pkwy Dr S
27 | Suite, Apt. #, etc.
28 | Jacksonville, FL.
29 | Zip: 32256
30 | Country: DUVAL

9. Name and Address of Current Registered Agent
RICHARDSON, JOHN B
11246-2 DISTRIBUTION AVE E
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 | Name: Phillip H. Parsons
82 | Street Address (P.O. Box Number is Not Acceptable): 6824 Phillips Pkwy. Dr. S.
83 |
84 | City: Jacksonville FL 85 | Zip Code: 32256

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: PHParsons 3-6-97
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE: D	☒ Change ☐ Addition
NAME: RICHARDSON, JOHN B		1.2 NAME: John, B Richardson	
STREET ADDRESS: 5433 AUTUMN BROOK TRAIL NORTH chg		1.3 STREET ADDRESS: 6824 Phillips Pkwy Dr S	
CITY-ST-ZIP: JACKSONVILLE FL 32258		1.4 CITY-ST-ZIP: Jacksonville, Fla 32256	
TITLE: D	☒ DELETE	2.1 TITLE: DS/T	☐ Change ☒ Addition
NAME: MCQUARRY, JOHN		2.2 NAME: Phillip H. Parsons	
STREET ADDRESS: 5433 AUTUMN BROOK TRAIL NORTH		2.3 STREET ADDRESS: 4899 Water Oak Ln	
CITY-ST-ZIP: JACKSONVILLE FL 32258		2.4 CITY-ST-ZIP: Jax, Fla 32210	
TITLE: DP	☐ DELETE	3.1 TITLE: DP	☒ Change ☐ Addition
NAME: RICHARDSON, CHARLES T		3.2 NAME: Charles T. Richardson	
STREET ADDRESS: 11246-2 DISTRIBUTION AVE E		3.3 STREET ADDRESS: 6824 Phillips Pkwy Dr S	
CITY-ST-ZIP: JACKSONVILLE FL		3.4 CITY-ST-ZIP: Jacksonville, Fl 32256	
TITLE: DVP	☐ DELETE	4.1 TITLE: DVP	☒ Change ☐ Addition
NAME: TURNER, RUSSELL N		4.2 NAME: Turner, Russell N	
STREET ADDRESS: 11246-2 DISTRIBUTION AVE E		4.3 STREET ADDRESS: 6824 Phillips Pkwy Dr. S	
CITY-ST-ZIP: JACKSONVILLE FL		4.4 CITY-ST-ZIP: Jacksonville, Fla 32256	
TITLE:	☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Russell N. Turner Russell N. Turner 1/15/97 904 262 1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038015