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FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000012433 (7)

1. Corporation Name

PRO PEST II INC.

Principal Place of Business

5634 N.W. 40TH AVE.
BOCA RATON FL 33496
US

Mailing Address

5634 NW 40TH AVE
BOCA RATON FL 33496-2729
US



2. Principal Place of Business

21 3746 COCO LAKE DR.

2a. Mailing Address

26 3746 COCO LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 COCONUT CREEK, FLA.

City & State

28 COCONUT CREEK, FLA.

Zip

Country

24 33073

25 BROWARD

Zip

Country

29 33073

30 BROWARD

3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

03/25/1996

4. FEI Number

65-0394893

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

9. Name and Address of Current Registered Agent

KALER, DONALD
5634 NW 40TH AVE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name DONALD KALER
82 Street Address (P.O. Box Number is Not Acceptable)
3746 COCO LAKE DR.
83
84 COCONUT CREEK FL 85 Zip Code 33073

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	KALER, DONALD	5634 N.W. 40TH AVE.	BOCA RATON FL 33496	<input type="checkbox"/>
D	KALER, CATHY	5634 N.W. 40TH AVE.	BOCA RATON FL 33496	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Donald Kaler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

Date

954-481-8702

Daytime Phone #

CR2E034 (9/96)