

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90061 041 ***150.00

0568610

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P93000037444**

1. Corporation Name
ATTACK PEST MANAGEMENT, INC.



Principal Place of Business 755 W. S.R. 434 SUITE E LONGWOOD FL 32750	Mailing Address 755 W. S.R. 434 SUITE E LONGWOOD FL 32750
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 311 ALTAMONK BLVD SUITE 1618 ALTAMONK SPRINGS FL 32714 SEMINOLE	2a. Mailing Address 311 ALTAMONK BLVD SUITE 1618 ALTAMONK SPRINGS FL 32714 SEMINOLE
--	---

3. Date Incorporated or Qualified 05/24/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3197833	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LIGHTNER, TIM M
755 W. ST. RD 434
SUITE E
LONGWOOD FL 32750**

81 Name LIGHTNER, TIM	85 Zip Code 32714
82 Street Address (P.O. Box Number is Not Acceptable) 311 ALTAMONK COMMERCIAL BLVD	
83 Suite SUITE 1618	
84 City ALTAMONK SPRINGS FL	

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  DATE **2-1-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME LIGHTNER, TIM	
STREET ADDRESS 755 W. S.R. 434, SUITE E	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE D	<input type="checkbox"/> DELETE
NAME LIGHTNER, DARLA	
STREET ADDRESS 755 W. S.R. 434, SUITE E	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LIGHTNER, TIM	
1.3 STREET ADDRESS 311 ALTAMONK COMMERCIAL BLVD	
1.4 CITY-ST-ZIP SUITE 1618 ALTAMONK SPRINGS FL 32714	
2.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LIGHTNER, DARLA	
2.3 STREET ADDRESS 311 ALTAMONK COMMERCIAL BLVD	
2.4 CITY-ST-ZIP SUITE 1618, ALTAMONK SPRINGS 32714	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  DATE **2-1-99** DAYTIME PHONE # **407-862-2511**
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (11/98)