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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

P93000043891

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PEST CONTROL DEPOT, INC. OF PANAMA CITY

Country

9. Name and Address of Current Registered Agent

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CAMPBELL, WENDELL

| Principal Place of Business | Mailing Address      |  |  |
|-----------------------------|----------------------|--|--|
| 1403A W 15TH STREET         | 1403A W 15TH STREET  |  |  |
| PANAMA CITY FL 32401        | PANAMA CITY FL 32401 |  |  |

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**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Yes Yes

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

06/22/1993

59-3142379

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

| 14  | 03A W 15TH STREET  |                      |   |  |  |
|---|--|----------------------|---|--|--|
| PANAMA CITY FL 32401  |  | 82 Stree             | Street Address (P.O. Box Number is Not Acceptable)                                    |  |  |
| • • •   | WANA OIT 1 E DE 40 I   | 83                   |   |  |  |
|   |  |                      |   |  |  |
|   |  | 84 City              | 85 Zip Code   |  |  |
| 11 Purcuant   | to the provisions of Sections 607 0502 and 607 1508. Florida Statute       |                      |   |  |  |
| 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   | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |  |  |
| TITLE   | D DELETE   | 1.1 TITLE            | Change Addition   |  |  |
| NAME  | CAMPBELL, WENDELL  | 1.2 NAME             |   |  |  |
| STREET ADDRESS  | 1200 LISENBY AVENUE  | 1.3 STREET ADDRESS   | s   |  |  |
| CITY-ST-ZIP   | PANAMA CITY FL   | 1.4 CITY-ST-ZIP      |   |  |  |
| TITLE   | ☐ DELETE   | 2.1 TITLE            | ☐ Change ☐ Addition ☐   |  |  |
| NAME  |  | 2.2 NAME             |   |  |  |
| STREET ADDRESS  |  | 2.3 STREET ADDRESS   | , , ,   |  |  |
| CITY-ST-ZIP   |  | 2, 4 CITY-ST-ZIP     |   |  |  |
| TITLE   | DELETE   | 3.1 TITLE            | ☐ Change ☐ Addition   |  |  |
| NAME  |  | 3,2 NAME             |   |  |  |
| STREET ADDRESS  |  | 3,3 STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |  | 3.4. CITY - ST - ZIP |   |  |  |
| TITLE   | DELETE   | 4.1 TITLE            | Change Addition   |  |  |
| NAME  |  | 4. 2 NAME            |   |  |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP      |   |  |  |
| 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      |   |  |  |
| 14. I hereby c  | ertify that the information supplied with this filing does not qualify for |                      | ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information |  |  |

Country

81 Name

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indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatic 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: