

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000043891**

1. Corporation Name

**PEST CONTROL DEPOT, INC. OF PANAMA CITY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1403A W 15TH STREET PANAMA CITY FL 32401		Mailing Address 1403A W 15TH STREET PANAMA CITY FL 32401	
2. Principal Place of Business 21 1405-F W. 15TH ST		2a. Mailing Address 26 1405-F W. 15TH ST	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Panama City, FL		City & State 28 Panama City, FL	
Zip 24 32401		Zip 29 32401	
Country 25 BAY		Country 30 BAY	
9. Name and Address of Current Registered Agent CAMPBELL, WENDELL 1403A W 15TH STREET PANAMA CITY FL 32401			
10. Name and Address of New Registered Agent 81 Name CAMPBELL, WENDELL 82 Street Address (P.O. Box Number is Not Acceptable) 1405-F W. 15TH STREET 83 84 City PANAMA CITY FL 85 Zip Code 32401			

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	1.1 TITLE	
NAME	CAMPBELL, WENDELL	1.2 NAME	
STREET ADDRESS	1200 LISENBY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (850) 785-8304  
Date Daytime Phone #

CR2E034 (11/98)