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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mort

Secretary of St DIVISION OF CORPC

DOCUMENT # P9300050636 (8)

FOREVER GREEN PEST CONTROL, INC.

Principal Place of Business

Mailing Address

3610 DARTMOUTH AVE., NORTH ST. PETERSBURG FL 33713 3610 DARTMOUTH AVE., NORTH ST. PETERSBURG FL 33713-7544

FILED Feb 12 1997 8:00am Secretary of State



ST. PETERSBU	JRG FL 33713	ST. PETERSBURG FL 33713-7544							
						3. Date Incorporated or Qualified 07/07/1993		te of Last R 25/1996	eport
2. Principal i	Place of Business	2a. Mailing Address		,		4. FEI Number		Ap	plied For
21		26				59-3203184			t Applicable
Suite, Apt	. #, etc	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	
Ζιρ	Country	Zıp	Cou	untry		8. This corporation has liability for in	ntangible	tax under s	199.032,
24	25	29	30					No	
	9. Name and Address of Currer	nt Registered Agent		81		10. Name and Address of New Reg	istered /	\gent	
COMPTON, MICHAEL B					Name			·	
3610 DARTMOUTH AVE., NORTH				82	Street Add	ress (P.O. Box Number is Not Adceptable	θ)	10 T	
ST. PETERSBURG FL 33713									
				83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the a	bove	a-named cor	poration submits this statement for the pr	irpose of	changing it	s registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorize	d by	the corpora	tion's board of directors. I hereby accep	the app	ointment as	registered
SIGNATURE	Signature, typical or pointed name of registered ag-	ent and title if applicable. (NO	TE: Registere	d Age	int signature regu	lred when reinstating)	DATE		
12.		O DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
THLE	DP	☐ DELETE	1.1 T	ITLE	<u></u>			Change	Addition
NAME	COMPTON, MICHAEL B		1.28	AME		1. The second	2.5		
STREET ADDRESS	**** **************	MH	1.3 5	TREET	ADDRESS				
CITY-S1-ZIP	ST. PETERSBURG FL 33713		140	aTY-S	.T- 21P				
TITLE	DST	☐ DELETE	211	ITLE				☐ Change	Addition
NAME	COMPTON, JANNINE E		221	AME		* 4			
STREET ADDRESS	TALL BARRION OF ALCOHOLD	NTH	2.3 5	TREET	ADDRESS				
CITY-S1-ZiP	ST. PETERSBURG FL 33713		2.4	CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 7	ITLE				Change	Addition
NAME			3.2 6	IAME]		-		
STREET ADDRESS			3.3 5	TAEET	ADDRESS				
CITY-ST-ZIP			3.4.	OTY-S	ST-ZIP				
TITLE		DELETE	4.1]	ITLE				Change	Addition
NAME	†		4. 2	NAME					
STREET ADDRESS		•	4.3 5	TREET	ADDRESS				
D/TY - ST - ZIP			4.4 (ITY-S	ST-ZIP				
TITLE		DELETE	5.11					☐ Change	Addition
NAME			5.2 %	IAME					
STREET ADDRESS	.]		1		ADDRESS				
CITY - S1 - ZIP			540	HY-S	ST-ZIP				
TITLE		☐ DELETE	611					☐ Change	Addition
NAME			621	IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			4		ST - ZIP				
3111 - 31 - 11r	1					d in Caption 110 07/2\/ii\ Florida Stetuto	1 & relia	a a saide e din a d	ah a

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 chapped or on an attachment with an address.

SIGNATURE:

2/7/97

813-323-8302