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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000050636

FOREVER GREEN PEST CONTROL, INC.

Principal Place	e of Business	Mailing Address			1 10011981 110 10100 11111 98111 0		,= <b>.</b>	
3610 DARTMOUTH AVE NORTH 3610 DARTMOUTH AVE. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33		_		DO'NOT WR	ITE IN THIS SF	PACE	<del></del>	
					3. Date Incorporated or Qualifec			
					07/07/1993			-
2 Principal Pl	lace of Business	2a. Mailing Address			4: FEI Number		Ap	plied For
21	ace of Eddings	26			59-3203184		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	1
22		27			5. Certificate of Status Desired		Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	· .
23		28			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the cui		gible ∃Yes	□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New			
	9. Name and Address of Curren	nt Registered Agent		31 Name	10. Name and Address of New	registerou Ag	, cont	
COM	IPTON, MICHAEL B	7.1	Ĺ					
	DARTMOUTH AVE., NORTH	٠.	[ ]	Street Ad	ddress (P.O. Box Number is Not Accep	table)		
	PETERSBURG FL 33713		<u> </u>	33		91.1 p[] 38.21 \$10	. 70 5 50 4	11.541111
01. 1			Ĺ		<u> </u>	11 Mg (b.C.)		
			1	34 City		FL	85 Zip	Code 1
44 Bussiant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statut	es. the ab	ove-named co	orporation submits this statement for the	purpose of ch	anging its	registered -
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga-	on Fiorida, Such change was a	minonzea	OV LITE COLDO	ration's board of directors. I hereby acce	ept the appointr	nent as re	gistered
	ım tamılıar with, and accept the obliga							
-	int joining that are are provided	audio di, occion con tocco, ne	niga Statu	es.	ξv			
SIGNATURE				es.	quired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age			es.	quired when reinstating)	FFICERS AND		
-	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered /	gent signature req	quired when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE ND DIRECTORS	: Registered /	gent signature req	ADDITIONS/CHANGES TO O	FFICERS AND		
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AT DP COMPTON, MICHAEL B	ant and title if applicable. (NOTE ND DIRECTORS	13, 1.1 TITU	gent signature req	ADDITIONS/CHANGES TO O	FFICERS AND		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT DP COMPTON, MICHAEL B	ant and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITL 1.2 NAJ	gent signature req	ADDITIONS/CHANGES TO O	FFICERS AND	Change	☐ Addition
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AT DP COMPTON, MICHAEL B 3610 DARTMOUTH AVE., NOR	ant and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITL 1.2 NAJ	gent signature req E IE EET ADDRESS	ADDITIONS/CHANGES TO O	FFICERS AND		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT  DP COMPTON, MICHAEL B 3610 DARTMOUTH AVE., NOR ST. PETERSBURG FL 33713	ent and title if applicable. (NOTE ND DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAJ 1.3 STF 1.4 CIT	gent signature req  E  E  E  E  E  E  F  F  F  F  F  E  E	ADDITIONS/CHANGES TO O	FFICERS AND	Change	☐ Addition
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14. I hereby certify that the information symplied 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 applemental 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 chapter 6, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90001 041 \*\*\*150.00