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

DOCUMENT # P93000061222 (4)

PESTGUARD FUMIGATING INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						 	FAOI 110/8 (1010 11010 1101 1001
573 INTERSTATE BLVD 573 INTERSTATE BLVD							
SARASOTA FL 34240		SUITE 4					
US		SARASOTA FL 34240				DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualified	
2. Principal Place of Business 2e. Mailing Address						08/30/1993 4. FEI Number	Applied For
- -1	ace of Business	26				65-0434815	Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt #, etc.					\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Count			B. This corporation owes or has paid the	
24	25	<u> </u>	30			Personal Property Tax due June 30.	Yes L No
	9, Name and Address of Current	Registered Agent	<u> </u>	<u> </u>		10. Name and Address of New Registers	d Agent
	n sin g, roger g III			81	Name		
	INTERSTATE BLVD	82 Stree		Street Addres	s (P.O. Box Number is Not Acceptable)		
SAI	RASOTA FL 34240	83					
		·		83			
				84	City	F	85 Zip Code
44 8	A Carliana COZ OFOC	and CO7 1500 Florido Ctatuto	- the ab		nomed person	•	
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 little if applicable (NOTE Registered Agent signature required when reinstaling) DATE							
12. OFFICERS AND DIRECTORS 13						ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T(T)	LE			Change Addition
NAME	MENSING, ROGER G. III		1.2 NA	1.2 NAME			
STREET ADDRESS	573 INTERSTATE BLVD		1.3 STREET ADDRESS		,DDRES\$		•
CITY-ST-ZIP	SARASOTA FL. 141		1.4 CIT	Y-ST-	-ZIP		
TITLE	DELETE 2.1		2.1 TITL	LE			Change Addition
NAME			. 22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		.DDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		-ZIP		
TITLE	-	☐ DELETE	☐ DELETE 3.1 TITLE				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		.DDRESS		
CITY-ST-ZIP			3.4. CITY-SY-ZIP		- ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·		4.1 TITU	LE			Change Addition
NAME			4. 2 NA	ME			
STREET ADDRESS					NDORESS		
CITY-ST-ZIP		- Consta	4.4 CIT		-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE				Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP			_		-ST-ZIP Change Addit		Change Addition
TITLE		€ nerene	DELETE 6.1 TITLE 6.2 NAME				change nacility)
NAME			1		ADDRESS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	edify that the information supplied wi	h this filing does not qualify fo	6.4 CIT or the ever			ection 119.07(3)(i), Florida Statutes, I further	certify that the Information

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, Indicates in Indicated on this annual report for 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.

U-22-98