1999

1. Corporation Name



DOCUMENT # P93000061222

FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 07, 1999 8:00 am Secretary of State Katherine Harris

05-07-1999 90039 023 \*\*\*150.00

PESTGUARD FUMIGATING INC.		
Principal Place of Business Mailing Address		(1916 (1816 118) (88)
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 Qualifed		
08/30/1993		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		Applied For
26 65-0434815		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		5 Additional
27 27	Fee	Required
City & State City & State 6. Election Campaign Financing		00 May Be
23 Trust Fund Contribution		ed to Fees
Zip Country Zip Country 8. This corporation owes the current ye	ear Intangible Yes	□No
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Regist		
81 Name		
MENSING, ROGER G III		
573 INTERSTATE BLVD  82 Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34240 83		
84 City	85 4	Zip Code
la City	FL  °°	p 0000
		the manifestate of
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purporting of the corporation of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	ose of changing appointment a	g its registered s 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 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)  DA	ose of changing appointment a	s registered
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY+ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition