

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063145 (5)

1. Corporation Name

HEARTLAND PEST CONTROL, INC.



Principal Place of Business

1850 SE 52 ST
OCALA FL 34480

Mailing Address

1850 SE 52 ST
OCALA FL 34480-6182

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 8199 S.W. 16TH AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 8199 S.W. 16TH AVE.
Suite, Apt. #, etc.

4. FEI Number
59-3205257

Applied For
Not Applicable

22 City & State
OCALA, FL.

27 City & State
OCALA, FL.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country U.S.A.
34476

28 Zip Country U.S.A.
34476

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WYMER, WILLIAM N
1850 SE 52 ST
OCALA FL 34480

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name Wymer, William N.

82 Street Address (P.O. Box Number is Not Acceptable)
8199 S.W. 16TH AVE.

83

84 City Ocala

FL

85 Zip Code
34476

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

TITLE PSTD
NAME WYMER, WILLIAM N
STREET ADDRESS 1850 SE 52 ST
CITY - ST - ZIP Ocala FL 34480

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☐ Change ☐ Addition

1.2 NAME Wymer, William N.
1.3 STREET ADDRESS 8199 S.W. 16TH AVE.
1.4 CITY - ST - ZIP Ocala, FL. 34476

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 changed, or on an attachment with an address

SIGNATURE: William Ned Wymer Wm. Ned Wymer

04/03/97 (352) 861-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)