

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000063825 (2)

1. Corporation Name

ACE PEST CONTROL OF ST PETERSBURG, INC.



Principal Place of Business

5580 PARK BLVD  
ST PETERSBURG FL 34665

Mailing Address

5580 PARK BLVD  
ST PETERSBURG FL 34665

3. Date Incorporated or Qualified  
09/08/1993

3a. Date of Last Report  
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-3198524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDDY, ROBERT K  
777 S HARBOUR ISLAND BLVD  
TAMPA FL 33602

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

808 W. DELEON STREET

83.

84. City Tampa

FL

85. Zip Code 33606

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME GORDON, HAROLD  
STREET ADDRESS 5580 PARK BLVD  
CITY-ST-ZIP ST PETERSBURG FL 34665

TITLE PD ☐ DELETE  
NAME STOVER, WILLIAM J  
STREET ADDRESS 5580 PARK BLVD  
CITY-ST-ZIP ST PETERSBURG FL 34665

TITLE TD ☐ DELETE  
NAME STOVER, JEANIE J  
STREET ADDRESS 5580 PARK BLVD  
CITY-ST-ZIP ST PETERSBURG FL 34665

TITLE SD ☐ DELETE  
NAME DAY, STEVE J  
STREET ADDRESS 5580 PARK BLVD  
CITY-ST-ZIP ST PETERSBURG FL 34665

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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, unchanged, or on an amendment with an address.

SIGNATURE:

*Harold Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96 813-547-8330  
Date Daytime Phone #

CR2E034 (12/95)