

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077158 (2)

1. Corporation Name  
**ADVANCED PEST MANAGEMENT, INC.**



Principal Place of Business <b>2110 SYLVESTER ROAD LAKELAND FL 33803-3578</b>	Mailing Address <b>2110 SYLVESTER ROAD LAKELAND FL 33803-3578</b>
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2. Principal Place of Business 21 2110 Sylvester Road Suite, Apt. #, etc. 22 N/A City & State 23 Lakeland, Florida Zip 24 33803		2a. Mailing Address 26 2110 Sylvester Road Suite, Apt. #, etc. 27 N/A City & State 28 Lakeland, Florida Zip 29 33803		3. Date Incorporated or Qualified 11/08/1993		3a. Date of Last Report 03/13/1996	
				4. FEI Number 59-3209083		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A  
5410 SOUTH FLORIDA AVE.  
SUITE 3  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	C/P/D/T
NAME	HICKS, TOMMY G	1.2 NAME	David W. Huntsman
STREET ADDRESS	1050 W. DOSSEY RD.	1.3 STREET ADDRESS	1239 Buena Drive
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	Lakeland, FL 33805
TITLE	VPDS	2.1 TITLE	V/MD
NAME	WELLS, JOHN R SR.	2.2 NAME	Tommy G. Hicks
STREET ADDRESS	784 SAGEWOOD DR.	2.3 STREET ADDRESS	1050 W. Dossey Road
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	PTD	3.1 TITLE	D/S
NAME	HUNTSMAN, DAVID W	3.2 NAME	Richard D. Stearns
STREET ADDRESS	1239 BUENA DRIVE	3.3 STREET ADDRESS	1475 Woodlake Drive #251
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE		4.1 TITLE	D/MD
NAME		4.2 NAME	Terence R. Antoszewski
STREET ADDRESS		4.3 STREET ADDRESS	2742 West Campbell Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(5)(b), 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: *David W. Huntsman* President

3-20-97 941-682-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)