SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra 3. Mortham *

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

Principal Place of Business

705 PONDELLA RD

P93000086768 (7)

Mailing Address

P.O. BOX 3027 N. FORT MYERS FL 33918

SECURITY TERMITE & PEST CONTROL, INC.

NORTH FT. MYERS FL 33903							DO NOT WRITE IN THIS SPACE				
US								3. Date Incorporated or Qualified			
								12/20/1993			
2. Principal Place of Business				2a. Mailing Address				4. FÉI Númber	A	pplied For	
21 26								65-0312423	N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	Additional	
27								5. Certificate of Status Desired		Required	
City & State			City & State				6. Election Campaign Financing	\$5.00) May Be		
28								Trust Fund Contribution	•	I to Fees	
Zip		Country		Zip	Country	;	-				
24		25	├ ──¬		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			NO		
			เดเเเ เนออิเจเ	alad Whalif	81	T .	Name	10. Name and Address of New Registered	Agent		
	o, myr a e				101	լ՝	Name				
705 PON D ELLA RD						82 Stre		Street Address (P.O. Box Number is Not Acceptable)			
UNIT H NORTH FT. MYERS FL 33903								,			
11011	111 1 1 1 101	L110 1 L 00000				L					
					84	(City	FI	85 Zip	Code	
44 5			YESS 1007	4500 5: 11 0:					-1		
office or	. to the provis	and or sections 607.0	7502 and 607 late of Florida	'.1508, Fiorida Statuti a. Such change was	es, the above- authorized by	-na	imed corpor	ration submits this statement for the purpose of con's board of directors. I hereby accept the appo	h ang ing its r	egistered	
agent. I a	am fa mi liar w	ith, and accept the ol	oligations of,	section 607.0505, FI	lorida Statutes	3.	o oorporatie	on a boding of smooters. I thoroby becope the appe	antimorn as in	ogisterou	
SIGNATURE											
	Signalure, typed	or printed name of registered	agent and little if a	applicable {N	OTE: Registered A	gent	t signalura requ	uired when reinstating) DATE			
12.		OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	P			DELETE	1.1 TITLE				Change	Addition	
NAME	RIDER W	ILLIAM R JR			1,2 NAME				المارين المارين		
STREET ADDRESS 1102 CHRISTIAN TERR					1 2 210551	1.3 STREET ADDRESS					
	IMMOKALEE FL				B						
CITY-ST-ZIP		EC FL	·		1.4 CITY-ST	·ZIP	·····	······································	_	F1	
TITLE	ST			L] DELETE	2.1 TITLE				L Change	Addition	
NAME	OTTO, MI				2.2 NAME						
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				23 STREET	23 STREET ADDRESS					
CITY-ST-ZIP	CAPE CO	ral fl			2.1 CITY ST	ZIP	,				
TITLE		•		DELETE	3.1 TITLE				Change	Addition	
NAME					3.2 NAME						
STREET ADDRESS	22			3.3.STREET	3.3 STREET ADDRESS						
CITY-ST-ZIP											
TITLE					3.4 CITY-ST- 4.1 TITLE	·41P	-		<u> </u>	<u> </u>	
				L DELETE			1		L Change	Addition	
NAME					4.2 NAME						
STREET ADDRESS					4.3 STREET	ADD	DRESS				
CITY-ST-ZIP			,	v · · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-	-ZIP	·				
TITLE				DELETE	5.1 TITLE		Ţ ·	DODDOZEDEZ	Challoe	Addition	
NAME	TADORESS			5.2 NAME			0000026082 54 0alge Addition -08/05/38-01082-0 25				
STREET ADDRESS				5.3 STREET	ADD	ORESS	***150,00	~ ==			
CITY-ST-ZIP					5.4 CITY-ST-			more a course with			
TITLE				Decem	6.1 TITLE	-217	-		—	F=	
				☐ DELETE					Change	Addition	
NAME					6.2 NAME					~	
STREET ADDRESS					6.3 STREET	ADD	DRESS			rau 1	
CITY-ST-ZIP					6.4 CITY-ST-				_	۱ ۲ و ۱	
14. I hereby ce	rtify that the	information supplied v	vith this filing	does not qualify for t	he exemption	sta	ated in secti	tion 119.07(3)(i), Florida Statutes. I further certify	that the infor	mation	
Indicated o	n this annual or director of	report or supplement the corporation or the	tal annual re Lreceiver or !	port is true and accu trustee empowered to	rate and that i	my re	signature :	shall have the same legal effect as if made undi- juired by Chapter 607, Florida Statutes; and that	er oath; that	l am	
		iLchanged, or on an				. 10	par co ieq	pariod by onepler our, i londa dialutes, and that	my name a	hheara	

FILED Aug 04 1998 8:00am Secretary of State

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 20, 1998

SECURITY TERMITE & PEST CONTROL, INC. P.O. BOX 3027 N. FORT MYERS, FL 33918

SUBJECT: SECURITY TERMITE & PEST CONTROL, INC.

Ref. Number: P93000086768

Please be advised, we have received your document for the above corporation; however, the document <u>has not been filed</u> and is being returned for the following:

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 598A00038325

/ls

I was give permission by your office to send in the \$150. - yee as I did not receive the guist statement. This late statement was the yirst notification of my remained that I received. Check my records - I have always paid on time in the past.