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May 05 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 # P93000088362 (7)

1. Corporation Name

ULTIMATE TERMITE AND PEST CONTROL INC.



Principal Place of Business

716 RAYMOND CIR
ALTAMONTE SPRINGS FL 32714

Mailing Address

716 RAYMOND CIR
ALTAMONTE SPRINGS FL 32714-7106

3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 06/11/1996
4. FEI Number 59-3217361	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 959 BUCKAW PLACE

2a. Mailing Address

26 959 BUCKAW PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CONSUMERS, FL

City & State

28 CONSUMERS, FL

Zip

24 32750

Country

25 SEMAR USA

Zip

29 32750

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GOLDSMITH, DAVID
716 RAYMOND CIR
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	DAVID GOLDSMITH
82 Street Address (P.O. Box Number is Not Acceptable)	959 BUCKAW PLACE
83	
84 City	CONSUMERS, FL
85 Zip Code	32750

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GOLDSMITH, DAVID	1.1 TITLE	P GOLDSMITH, DAVID
NAME	716 RAYMOND CIRCLE	1.2 NAME	959 BUCKAW PLACE
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	CONSUMERS, FL 32750
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: DAVID GOLDSMITH 4/27/97 467-665-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)