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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000002592 (1)

1. Corporation Name

FLORIDA PESTMASTERS, INC.

Principal Place of Business

2842 FORSYTH RD.
500
WINTER PARK FL 32782
US

Mailing Address

PO BOX 2399
GOLDENROD FL 32733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

59-3222935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2842 FORSYTH RD #504

Suite, Apt. #, etc.

22 WINTER PARK FL

City & State

23 32792

Zip

Country

25 USA

2a. Mailing Address

26 FLA. PESTMASTERS INC.

Suite, Apt. #, etc.

27 2842 FORSYTH RD #504

City & State

28 WINTER PARK FL

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

SAMUEL T. RANDOLPH, JR

81. Name

10. Name and Address of New Registered Agent

SAMUEL T. RANDOLPH, JR.

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

1425 FORT CHRISTMAS ROAD

Chuluota FL 32766

FL

85 Zip Code

PLEASE NOTE OUR NEW ADDRESS AS FOLLOWS:

1425 FORT CHRISTMAS ROAD
CHULUOTA, FL 32766

I, the undersigned, being the officer 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 DP
NAME RANDOLPH, SAMUEL T JR.
STREET ADDRESS 1013 HORNBEAM ST 1425 Ft. Christmas Rd.
CITY-ST-ZIP OMEDD FL-32765 Chuluota FL 32766

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 ☐ 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 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

4-27-98 (407) 679-5501

CR2E034 (10/97)