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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008385 (4)

TREASURE COAST EXTERMINATING INC.

| 3923 LAKE WO SUITE 107 LAKE WORTH I US | | 2611 26TH LANE LAKE WORTH FL 33463-4267 | | | 3. Date incorporated or Qualified | 3a. Da | ite of Last F | Report | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|-------------|-----------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|-------------------------|--------------|
| 00 | | | | | | 01/24/1994 | | 20/1996 | |
| 2. Principal Pa | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 | | pplied For |
| 21 | | 26 | | | 65-0470071 | | | ot Applicable | |
| Suite, Apt 1 | | Suite, Apt. #, etc. | | | 6. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | ! | City & State | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip 24 | Country 25 | Z(p 29 | Country 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Re | gistered . | Agent | |
| SALACINSKI, MICHAEL | | | | 81 Name | | | | | |
| | i 28th lane E worth fl 33463 | | 8 | | | | | | |
| | | | 8 | 3 | | | | | |
| | | | 8 | 4 | City | | FL | 85 Zip | Code |
| office or re agent. Lar SIGNATURE | to the provisions of Sections but of ogistered agent, or both, in the Sta in familiar with, and accept the obli Segrature typed or proved harve of registered is | te of Florida. Such change was igations of, Section 607.0505, F | authorized (lorida Statut | by es | the corporat | ooration submits this statement for the p tion's board of directors. I hereby accep | of the app | changing contment as | s registered |
| 12. | | ND DIRECTORS | 13. | 190 | it officers a resign | ADDITIONS/CHANGES TO OFFIC | | DIRECTO | RS IN 12 |
| TITLE | 0 | ☐ DELETE | 1,1 TITLE | E | | | | Change | Addition |
| NAME | SALACINSKI, MICHAEL | | 1.2 NAM | E | | | | | |
| STREET ADDRESS | 2811 28TH LANE | | 1.3 STRE | ET / | address | | | | |
| C(TY - ST - ZIP | LAKE WORTH FL 33463 | | 1.4 CITY | - ST | T-ZIP | | | | |
| TillE | D | ☐ DELETE | 2.1 TITLE | | | | | Change | Addition |
| NAME | SALACINSKI, JANET | | 2.2 NAM | | | | | | |
| STREET ADDRESS | 2811 28TH LANE | | 1 | | ADDRESS | | | | |
| C TY - ST - 7IP | LAKE WORTH FL 33463 | DELETE | 2. 4 CITY 3.1 TITU | | 1- <i>t</i> IP | | | ☐ Change | Addition |
| NAME | | | 3.2 NAM | | | | | • | |
| STREET ADDRESS | | | 3.3 STRE | EET. | ADDRESS | • | | | |
| CITY-ST ZIP | | | 3.4. CITY | Y - S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | E | | | | Change | Addition |
| NAME | | | 4. 2 NAM | JΕ | | | | | |
| STREET ADORESS | | | | | ADDRESS | | | | |
| CITY ST-ZIP | | T nei rre | 4.4 C(TY | | r-ZIP | | | Change | Addition |
| TITLE | | L DELETE | 51 TITE | | 1 | | | nigity | L Addition |
| NAME | | | 5 2 NAM | | ADDRESS | | | | |
| STREET ADDRESS | | | 5.3 STRI | | ADDRESS | | | | |
| CITY-S1-7P | | DELETE | 6.1 TITU | | I - EIF | , , , , , , , , , , , , , , , , , , , | | Change | Addition |
| NAME | | hand to remain 7 to | 6.2 NAM | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | • | | | |
| OTHER CASUMESS | | | | | T. 700 | | | | |

SIGNATURE:

NATURE AND TIPED ON PRINTED DAME OF SIGNING OFFICER OR DIRECTOR DALOCIOSKI 4/28/97 561-948-3899

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 final 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 on the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name