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Apr 30 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 # **P94000012268 (6)**

1. Corporation Name

**FALK PEST CONTROL, INC.**

Principal Place of Business

**5878 TRIPHAMMER ROAD  
LAKE WORTH FL 33463**

Mailing Address

**5878 TRIPHAMMER ROAD  
LAKE WORTH FL 33463-1530**

3. Date Incorporated or Qualified

**02/11/1994**

3a. Date of Last Report

**07/17/1996**

2. Principal Place of Business

**604 N G St.**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lake Worth, FL**

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

**FALK, IDA  
5878 TRIPHAMMER ROAD  
LAKE WORTH FL 33463**

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	<b>P</b>	1.1 TITLE	
NAME	<b>FALK, JARRELL</b>	1.2 NAME	
STREET ADDRESS	<b>5878 TRIPHAMMER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>FALK, IDA</b>	2.2 NAME	
STREET ADDRESS	<b>5878 TRIPHAMMER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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:

*Ida Falk* **IDA FALK** VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-97 58-582-2231**

Date

Daytime Phone #

0329804

CR2E034 (9/96)