FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000020925 (1)

STATEWIDE FUMIGATION, INC.

OTATE							
Principal Place of	of Business	Mailing Addres	s				88311 88318 17811 8 9 318 18318 31881 8184 1894
3888 TAMPA ROAD SUITE C OLDSMAR FL 34677		SUITE C	OLDSMAR FL 34677		Date Incorporated or Qualified 03/17/1994	3a. Date of Last Report 04/28/1995	
2. Principal Plac	ce of Business	2a. Mailing Add	tress			4. FEI Number	Applied For
21		26				59-3230095	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
Crty & State		City & State	,			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	[28] Zip		Country		Trust Fund Contribution	Added to Fees
24	25 2		30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Re	
				81	Name		
MIZELL	, MARGARET S			B2	Street Add	ress (P.O. Box Number is Not Acceptable	9)
3888 T/	ampa road						,
SUITE				83			
OLDSM	AR FL 34677			84	City	THE RESIDENCE AND ADDRESS OF THE CONTRACT STREET SALES FOR THE ADDRESS OF THE ADD	■■ 85 Zip Code
		NO	ana. man				FL 83 2000
or registere	od agent, or both, in the State of Flo a, and accept the obligations of, So	rida. Such change wa:	s authorized b	y the corp	oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE _	Signature: typed or printed name of registered again	ed and little if southealth	WOLE B	an elered Agus	er Giran art indi name in	ed when reinstating)	DATE
12.	AREA MANAGEMENT TO THE RESIDENCE OF THE PARTY OF THE PART	ND DIRECTORS		13.	- agrature reson	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	□ DE	TELE	1. 1 TITLE			Change Addition
NAME	MIZELL, MARGARET S.			1.2 NAME			
STREET ADDRESS	3888 TAMPA RD., SUITE (2		1.3 STREET	ADDRESS		
CITY-ST-ZIP	OLDSMAR FL			1.4 CITY - S	T-ZIP		
TITLE		[] Da	LE IE	2 1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				23 STREET			
CITY-ST-ZIP TITLE		∏ DE	ELETE	2.4 CITY-S 3. 1 THILE	1 - ZIF.		☐ Change ☐ Addition
NAME		F-1		3 2 NAME			
STREET ADDRESS				33 STREET	I ADDRESS		
CITY - ST - ZIP				3 4 CITY-S			
TITLE	***************************************	DE	LETE	4. 1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				43 STREFT	ADDRESS		
CITY-ST-ZIP				4 4 CITY - S	J - 7IP		A) 1884 THE 1884 SHALLE HA LANGUAGE FOR A PROPERTY AND A PARTY OF THE APPROXIMATION OF THE APPROXIMATION OF THE
TITLE		[]] DE	:LEIE	5 1 TITLE			Change Addition
NAMÉ				5 2 NAME			
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP TITLE		DE	FLETE	5.4 CITY - S 6 1 TITLE	i I - ZIP		Change Addition
NAME		ر ا	.0010	6.2 NAME			□ outrige □ ∧outroll
STREET ADDRESS				6.3 STREET	ADDRESS		
DITY-ST-ZIP				6.4 CITY - S			
14. I do hereby				d and doe	s not qualify	for the exemption stated in Section 119.0	
oath; that I		poration or the receive	r or trusted en	npowered :		rate and that my signature shall have the s his report as required by Chapter 607, Flo	

SIGNATURE: Y SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96

813/854-1960

CR2E034 (12/95)