

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # P94000023693 (2)

1. Corporation Name

ACE PEST CONTROL OF MANASOTA, INC.

Principal Place of Business

8503 FOREST CITY RD
ORLANDO FL 32810
US

Mailing Address

8503 FOREST CITY RD
ORLANDO FL 32810-2260
US

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3246511

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDDY, ROBERT K
808 W. DE LEON ST
TAMPA FL 33606

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 ~~PO~~ ☒ DELETENAME ~~STOVER, WILLIAM J.~~
STREET ADDRESS 8503 FOREST CITY RD
CITY - ST - ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ AdditionTITLE TVD ☐ DELETENAME DAY, STEVEN
STREET ADDRESS 8503 FOREST CITY RD
CITY - ST - ZIP ORLANDO FL1.2 NAME ☐ Change ☐ AdditionTITLE P.D. ☐ DELETENAME DRAVES, MIKE
STREET ADDRESS 8503 FOREST CITY RD
CITY - ST - ZIP ORLANDO FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY - ST - ZIP ☐ DELETE1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY - ST - ZIP ☐ DELETE2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY - ST - ZIP ☐ DELETE2.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY - ST - ZIP ☐ DELETE2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY - ST - ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY - ST - ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 sign 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-97 1-407-290/888

0000546

CR2E034 (9/96)