

FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000026854 (7)**

1. Corporation Name
WILKIE'S PEST CONTROL, INC.



Principal Place of Business: **2522 TAMARIND DR EDgewater FL 32141**
Mailing Address: **2522 TAMARIND DR EDgewater FL 32141**

3. Date Incorporated or Qualified: **04/01/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3238358**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **2522 Tamarind Dr**
26. Mailing Address: **2522 TAMARIND DR**
27. Suite, Apt. #, etc.: **-**
22. City & State: **Edgewater, Florida**
28. City & State: **Edgewater, FL**
24. Zip: **32141** 25. Country: **Volusia** 29. Zip: **32141** 30. City: **Volusia**

9. Name and Address of Current Registered Agent
**WILKIE, MARILYN
2522 TAMARIND DR
EDGEWATER FL 32141**

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: *Marilyn Wilkie* Pres DATE: **4-11-96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/>
NAME	WILKIE, MARILYN	
STREET ADDRESS	2522 TAMARIND DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	WILKIE, ROBERT I	
STREET ADDRESS	2522 TAMARIND DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY - ST - ZIP			
2. TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME	WILKIE, ROBERT I		
3. STREET ADDRESS	2522 TAMARIND DR		
4. CITY - ST - ZIP	EDGEWATER FL 32141		
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed 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: *Marilyn Wilkie* DATE: **4-11-96** 904-423-9778

CR2E034 (12/95)