

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028379 (3)

1. Corporation Name

ALLSTATE PEST MANAGEMENT CORPORATION



Principal Place of Business

4114 W PALMIRA STREET
TAMPA FL 33629-6716

Mailing Address

P.O. BOX 320831
TAMPA FL 33629-0831
US

3. Date Incorporated or Qualified
04/12/1994

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21 4722 LAUREL ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

Zip

24 33629-8210

Country USA

25 4722 LAUREL ROAD

26 Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 33629-8210

30 Country

31 4722 LAUREL ROAD

32 Suite, Apt. #, etc.

33 City & State

34 Tampa, FL

35 33629-8210

36 Country

37 USA

38 4722 LAUREL ROAD

39 Suite, Apt. #, etc.

40 City & State

41 Tampa, FL

42 33629-8210

43 Country

44 USA

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46 Suite, Apt. #, etc.

47 City & State

48 Tampa, FL

49 33629-8210

50 Country

51 USA

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53 Suite, Apt. #, etc.

54 City & State

55 Tampa, FL

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58 USA

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60 Suite, Apt. #, etc.

61 City & State

62 Tampa, FL

63 33629-8210

64 Country

65 USA

66 4722 LAUREL ROAD

67 Suite, Apt. #, etc.

68 City & State

69 Tampa, FL

70 33629-8210

71 Country

72 USA

73 4722 LAUREL ROAD

74 Suite, Apt. #, etc.

75 City & State

76 Tampa, FL

77 33629-8210

9. Name and Address of Current Registered Agent

HAWS, JIMMY R
4114 W PALMIRA STREET
TAMPA FL 33629-6716

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City & State

84 Zip Code

85 Country

86 4722 LAUREL ROAD

87 Suite, Apt. #, etc.

88 City & State

89 Tampa, FL

90 33629-8210

91 Country

92 USA

93 4722 LAUREL ROAD

94 Suite, Apt. #, etc.

95 City & State

96 Tampa, FL

97 33629-8210

98 Country

99 USA

100 4722 LAUREL ROAD

101 Suite, Apt. #, etc.

102 City & State

103 Tampa, FL

104 33629-8210

105 Country

106 USA

107 4722 LAUREL ROAD

108 Suite, Apt. #, etc.

109 City & State

110 Tampa, FL

111 33629-8210

112 Country

113 USA

114 4722 LAUREL ROAD

115 Suite, Apt. #, etc.

116 City & State

117 Tampa, FL

118 33629-8210

119 Country

120 USA

121 4722 LAUREL ROAD

122 Suite, Apt. #, etc.

123 City & State

124 Tampa, FL

125 33629-8210

126 Country

127 USA

128 4722 LAUREL ROAD

129 Suite, Apt. #, etc.

130 City & State

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

TITLE PD ☐ DELETE

NAME HAWS, JIMMY R
STREET ADDRESS 4114 W PALMIRA STREET
CITY-ST-ZIP TAMPA FL 33629-6716

TITLE ST ☐ DELETE

NAME HAWS, JIMMY R
STREET ADDRESS 4114 W PALMIRA STREET
CITY-ST-ZIP TAMPA FL 33629-6716

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4722 LAUREL ROAD

1.4 CITY-ST-ZIP Tampa, FL 33629 -8210

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4722 LAUREL ROAD

2.4 CITY-ST-ZIP -8210

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)