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

**PROFIT CORPORATION ANNUAL REPORT** 

CITY-ST-ZIP



**FILED** 

May 11 1998 8:00am

Secretary of State

407 880 8638

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400032002 (5)

	FORDHAM TERMITE AND	PEST CONTROL, INC.				
Principal Place of Business Mailing Address					i reninda ulf Jafti anbit anut Edill Affil deid	I ATTAK ATAN MANSA BATTA TAKE SAME
1655 EAST SEMORAN BLVD P.O. BOX 4183						
#15. APOPKA FL 32704-4183 US US					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	
	_				04/25/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26			-		59-3234364	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
2			·	·	6 Floation Council on Financia	
:3]	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the	<del></del>
4	25	29	9 30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent		7	10. Name and Address of New Register	ed Agent
FORDHAM, EUGENE R JR				1 Name		
	8 GRASMERE DR		В	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
AP(	OPKA FL 32703		_		· · · · · · · · · · · · · · · · · · ·	
			8	3		
			8	4 City		85 Zip Code
					poration submits this statement for the purposition's locard of directors. I hereby accept the	L B Zip Code
SIGNATURE	Signature, type of or point of manage of registered agent and talle if applicable (NOT OFFICERS AND DIRECTORS			gent signature requ	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	<del></del>
TITLE	PCOC	DELETE	TE 1.1 TITLE			Change Addition
NAME	FORDHAM, RUSS		1.2 NAME			
STREET ADORESS	2238 GRASMERE DR.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703	The state of the s	1.4 CITY			
TITLE	ST BODDHAM DATRICIA	☐ DELETE	2.1 TITLE	1		☐ Change ☐ Addition
name Street adoress	FORDHAM, PATRICIA 2238 GRASMERE DR.		2.2 NAMI			
STHEET ADDRESS CITY-ST-ZIP	APOPKA FL 32703		2.3 STRE	F1 ADDRESS		
TITLE	14 01 14 1 14 04 100	DELETE	3.1 TITLE			Change Addition
AME		<del></del>	3.2 NAME			
STREET ADDRESS	ss		3.3 STRE	e1 address		
CITY-ST-ZIP				· ST · ZIP	<u> </u>	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME (			4. 2 NAM	<b>I</b>		
STREET ADDRESS				E1 ADDRESS		
ITY-ST-ZIP		DELETE	4.4 CITY-			Change   Addition
IITLE	DETER		5 1 TITLE	}		Change Addition
NAME STREET ADDRESS			52 NAME	1		
CITY-ST-ZIP			5.4 CITY	FT ADDRESS		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		<u></u> , 525216	6.2 NAME	1		الماري داد داد داد داد داد داد داد داد داد دا
STREET ADDRESS				T ADDRESS		

14. Thereby 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 of the receiver or trustee improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changaid, if organ alreadment with an address.