

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041882 (9)

1. Corporation Name

KIRKLAND'S PEST MANAGEMENT SERVICES, INC.



Principal Place of Business

224 STERLING ROSE COURT
APOPKA FL 32703

Mailing Address

224 STERLING ROSE COURT
APOPKA FL 32703

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

25 Country

24 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

STALNAKER, FAITH K
300 INTERNATIONAL PKWY., STE. 376
HEATHROW FL 32746

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 or attorney in fact

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLAND, TRACY G	12 NAME		
STREET ADDRESS	14014 MAX HOOKS ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLAND, JAMES L JR.	22 NAME		
STREET ADDRESS	224 STERLING ROSE	23 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703	24 CITY-ST-ZIP		
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

CR2E034 (12/95)