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

PROFIT CORPORATION ANNUAL REPORT

1997



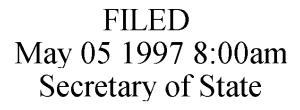
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043468 (5)

ARMOR PEST CONTROL OF CENTRAL FLORIDA, INC.



Principal Plac	e of Business	Mailing Address	Mailing Address						
	GE BLSM TRAIL SUITE 134	PO BOX 5128							
ORLANDO FL	32810	SPRING HILL FL 34611-0	128						
						3. Date Incorporated or Qualified 06/06/1994		ate of Last F 23/1996	Report
_	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		pplied For	
21		26				59-3249123			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	h 			5. Certificate of Status Desired			Additionat Required
City & Stat	е	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip	Country	Zip	Oountry			This corporation has liability for intendible tax under s. 199,032.			
24	25 29		30	30		Florida Statutes Yes \(\subseteq \text{No} \)			
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered	Agent	
	RISAFULLE, RAYMOND		81	1	lame				
	1 COUNTY LINE ROAD ING HILL FL 34606		82	Street Add		ss (P.O. Box Number is Not Acceptable	e)		-
			83						
			84	C	Dity		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the above	e-n-	amed corpo	oration submits this statement for the pun's board of directors. I hereby accep		f changing	its registered
agent. i a	im familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statute	s.	e corporatio	in a board of directors, Frielessy accep	сте арр	Omunent as	s regisiered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	DTE: Registered Age	ent s	ignature required	d wheo reinstating)	DATE		
12.		AND DIRECTORS	18.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	P	DELETE	11 THLE					☐ Change	Addition
NAME	CHRISAFULLO, RAYMOND		12 NAME						
STREET ADDRESS	7211 COUNTY LINE RD		13 STREET	ADI	ORESS				
CITY-ST-ZIP	SPRING HILL FL		14 CITY-S	ST - 7	P				
TITLE		☐ DELETE	2.1 TATLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	AD[DRESS				
CITY-ST-ZIP			2. 4 CITY-	S1 - Z	TIP				
TITLE		☐ DELETE	3.1 THILE					Change	Addilion
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREET	ADO	DRESS				
CITY-ST-ZIP		T DELETE	3.4 CITY-5	S1 - Z	IP.				
TITLE		☐ DELETE	4.1 TITLE					Change	L Addition
NAME			4. 2 NAME		İ				
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	T-ZI	P			05	T care
NAME		Dilling						☐ Change	L Addition
STREET ADDRESS			5.2 NAME	Ann	ocee				
CITY-ST-ZIP			5.3 STREET		1				
TITLE		DELETE	54 CITY-S 61 TITLE	11.7	<u> </u>			Change	Addition
NAME			62 NAME					- ondinge	L_J Addition
STREET ADDRESS			6.3 STREET	Ann	DRESS				
CITY-ST-ZIP			6.4 CHY-S						
14. I do heret	by certify that the information supp	lied with this filing does not qua	lify for the exe	mn	tion stated i	n Section 119.07(3)(i), Florida Statutes	. I further	certify that	t the
intormatio	n indicated on this annual report o	r supplemental annual report is or the receiver or trustee empor	true and accu wored to exec	ırat	e and that n	ny signature shall have the same legal as required by Chapter 607, Florida St.	affact as	rif mada ua	odor path: that