

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 # P94000051379 (3)

1. Corporation Name

GATOR PEST CONTROL, INC.



Principal Place of Business

134 FIFTH AVE.
SUITE 103
INDIALANTIC FL 32903
US

Mailing Address

134 FIFTH AVE
SUITE 103
INDIALANTIC FL 32903
US

2. Principal Place of Business

2a. Mailing Address

21 1901 US 1 NORTH

26 1901 US 1 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MELBOURNE FL

27

City & State

City & State

23 32935

28 MELBOURNE FL

Zip

Country

Zip

Country

24 32935 25 BREVARD

29 32935 30 BREVARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3252115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

VILLVERDE, AGUSTIN
134 FIFTH AVE
SUITE 103
INDIALANTIC FL 32903

81 Name

VILLVERDE, AGUSTIN

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

83

1901 US 1 NORTH

84 City

MELBOURNE

FL

85 Zip Code

32935

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 officer 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 first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VILLVERDE, AGUSTIN
STREET ADDRESS 1410 WINDWARD DR
CITY-ST-ZIP MELBOURNE FL 32935

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

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3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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6.1 TITLE

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6.3 STREET ADDRESS

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7.1 TITLE

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7.3 STREET ADDRESS

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8.1 TITLE

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8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

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TITLE ☐ DELETE

10.1 TITLE

10.2 NAME

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11.1 TITLE

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30.1 TITLE

30.2 NAME

30.3 STREET ADDRESS

30.4 CITY-ST-ZIP

TITLE ☐ DELETE

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 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

253-1188
Telephone Filing #

CR2E034 (12/95)