## 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 # 1. Corporation Name	P94000060044	(2)

TRINITY PEST CONTROL, INC. Mailing Address Principal Place of Business 2211 WHITNEY PLACE 2211 WHITNEY PLACE VALRICO FL 33594 VALRICO FL 33594 3a. Date of Last Report 3. Date Incorporated or Qualified 08/15/1994 05/01/1995 Applied For 2a. Maling Address 2. Principal Place of Business Not Applicable 59-3265217 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State **Trust Fund Contribution** Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No Country Zin 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 82 PIERCE, WEBSTER 203 S. PARSONS AVE. 83 **BRANDON FL 33511** 84 ALRIC O ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.17009 TITLE 1.2 NAME BUSHUE, LARRY L NAME 1.3 STHEE! ADDRESS STREET ADDRESS 2211 WHITNEY PLACE 1.4 CITY - ST - ZIP VALRICO FL 33594 CITY-ST-ZIP Change [ ] Addition DE1 ETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIF CITY-ST ZIP Change ■ Addition ☐ DELETE 3.13.03 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY - ST - ZIP DITY - S.S.- ZiP Addition Change DELETE 4 1 11114 TITLE 4.2 NAME 4.3 SPREET ADDRESS STREET ADDRESS 4.4.0Hr - ST. ZIP CITY - ST - ZIP Change Addition DELETE 5.1 biltE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 2iP

6.4 O/TY-ST-2(P 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 cath, 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 or an attachment with an address.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

DITY-ST-ZP

STREET ADDRESS

THUE

DELETE

CR2E034 (12/95)

Addition

☐ Change