

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063130

1. Corporation Name

A BETTER WAY PEST AND TERMITE CONTROL INC.

Principal Place of Business

5733 DOONESBURY WAY
TALLAHASSEE FL 32303
US

Mailing Address

5733 DOONESBURY WAY
TALLAHASSEE FL 32303
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MCCARTY, LAUREL J.
5733 DOONESBURY WAY
TALLAHASSEE FL 32303

81 Name

MCCARTY Michael F.

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

3472 HEADWATER CREEK DR.

83 TALLAHASSEE FL 32310

84 City

FL 85 Zip Code

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

Michael J. McCarty

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-21-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PV	MCCARTY, LAUREL J. 5733 DOONESBURY WAY TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				1.2 NAME	MCCARTY, Michael F.	
TITLE	T	MCCARTY, LAUREL S. 5733 DOONESBURY WAY TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	3472 HEADWATER CREEK DR.	
				1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	S	MCCARTY, LAUREL 5733 DOONESBURY WAY TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	MCCARTY, Michael F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME	3472 HEADWATER CREEK DR.	
TITLE			<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	TALLAHASSEE, FL 32310	
				2.4 CITY-ST-ZIP		
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME	MCCARTY, Michael F.	
TITLE			<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3472 HEADWATER CREEK DR.	
				3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME		
TITLE			<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
				4.4 CITY-ST-ZIP		
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME		
TITLE			<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
				5.4 CITY-ST-ZIP		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME		
TITLE			<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
				6.4 CITY-ST-ZIP		

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

Michael J. McCarty

4-21-99

850-562-5827

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2002

CR20034 (11/98)