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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000063788 (1)

1. Corporation Name

ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL INC.



Principal Place of Business

990 PONDELLA ROAD SUITE 8
NORTH FT MYERS FL 33903

Mailing Address

390 PONDELLA ROAD SUITE 8
NORTH FT MYERS FL 33903-4340

2. Principal Place of Business

21 560 Pine Island Road

Suite, Apt. #, etc.

22 Suite 6

City & State

23 North Fort Myers, FL

Zip

24 33903

Country

25 USA

2a. Mailing Address

26 560 Pine Island Road

Suite, Apt. #, etc.

27 Suite 6

City & State

28 North Fort Myers, FL

Zip

29 33903

Country

30 USA

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0521801

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

9. Name and Address of Current Registered Agent

BENNETT, PAMELA M
390 PONDELLA ROAD SUITE 8
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent

81

Name

Bennett, Pamela M.

82

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

560 Pine Island Road, Suite 6

83

84

City

North Fort Myers

FL

85

Zip Code

33903

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

Pamela M. Bennett
Signature, typed or printed name of registered agent and title if applicable.

Pamela M. Bennett

4-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BENNETT, ROBERT W
STREET ADDRESS 1512 SE 16 TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☐ DELETE

NAME BENNETT, PAMELA M
STREET ADDRESS 1512 SE 16 TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☒ DELETE

NAME BRANNAN, JAMES M
STREET ADDRESS 184 LAFAYETTE STREET APT 4
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Robert W. Bennett
Signature, typed or printed name of registered agent and title if applicable.

4-25-97

941-656-3654

CR2E034 (9/96)