Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90028 038 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # PQ400074245

1. Corporation	n Name	014240				
TOP LIN	E PEST CONTROL SERVIC	ES INC.				
				I SERBIA DI AND BERBA DERIM DERIM DERIM ERRAS DE		<b>1188</b> 1 <b>1</b> 181 1 <b>88</b> 1
Principal Place	e of Business	Mailing Address				8 1 8 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3590 NW 113 TERR 3590 NW 113 TERR						
SUNRISE FL 33323 SUNRISE FL 33323			DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed	,	
				10/10/1994		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Αρ	plied For
21		26		65-0525954		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 A	Additional
22		27		5. Certifcate of Status Desired	. Fee Re	quired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	o Fees
Žip	Country	Zip	Country	8. This corporation owes the current year		п.,
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
DESI	FORGES, TAMMY S		OI Maille			
3590 NW 113 TERR			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	RISE FL 33323		83			
			65		_	
			84 City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as req	gistered
agent Lo	m familiar with and account the obliga-	tions of Section 607 0505 Flori	ida Statutoe			-
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statutes.			
agent. I a	m familiar with, and accept the obligation of segistered ager	ations of, Section 607.0505, Flori	ida Statutes.  Registered Agent signature require	·		
agent. I a	m familiar with, and accept the obligation of registered age.	nt and title if applicable. (NOTE, IND DIRECTORS	ida Statutes.	·	AND DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP