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FILED

May 02 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 # P94000076749 (8)

1. Corporation Name

ADH PEST CONTROL SERVICES, INC.

Principal Place of Business

8601 N.W. 54TH STREET  
LAUDERHILL FL 33351

Mailing Address

8601 N.W. 54TH STREET  
LAUDERHILL FL 33351-4640

3. Date Incorporated or Qualified  
10/14/1994

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 7154 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22 #165

City & State

23 Tamarac

Zip

24 33321

Country

25

2a. Mailing Address

26 7154 N. UNIVERSITY DR.

Suite, Apt. #, etc.

27 #165

City & State

28 Tamarac

Zip

29 33321

Country

30

4. FEI Number

65-0528479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

HIRSHMAN, ALAN  
8601 NW 54TH ST  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

Alan Hirschman

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

7154 N. UNIVERSITY DR

83

84 City

Tamarac

FL

85 Zip Code

33321

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

D  
NAME  
HIRSCHMAN, ALAN  
STREET ADDRESS  
8601 N.W. 54TH STREET  
CITY - ST - ZIP  
LAUDERHILL FL 33351

1.2 TITLE

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D  
NAME  
HIRSCHMAN, ALAN  
STREET ADDRESS  
7154 N. UNIVERSITY DR. #165  
CITY - ST - ZIP  
Tamarac, FL 33321

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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 if changed, or on an attachment with an address.

SIGNATURE: Alan Hirschman ALAN HIRSCHMAN

4/25/97

(954)  
724-7229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0291162

CR2E034 (9/96)