

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000080898 (7)

1. Corporation Name

SHE'KK MOSQUITO CONTROL SERVICES, INC.



Principal Place of Business

Mailing Address

818 SILK OAK TERRACE  
LAKE MARY FL 32746

818 SILK OAK TERRACE  
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3281859

☒ 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

10. Name and Address of New Registered Agent

WINGER, MARTIN  
818 SILK OAK TERRACE  
LAKE MARY FL 32746

81 Name

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

83

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

Signature type or print name of registered agent and fee if applicable

(Note: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WINGER, MARTIN P  
818 SILK OAK TERRACE  
LAKE MARY FL 32746

☐ DELETE

11 TITLE  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

12 NAME  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13 STREET ADDRESS  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

14 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

21 TITLE  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

22 NAME  
☐ Change ☐ Addition

23 STREET ADDRESS  
☐ Change ☐ Addition

24 CITY - ST - ZIP  
☐ Change ☐ Addition

31 TITLE  
☐ Change ☐ Addition

32 NAME  
☐ Change ☐ Addition

33 STREET ADDRESS  
☐ Change ☐ Addition

34 CITY - ST - ZIP  
☐ Change ☐ Addition

41 TITLE  
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42 NAME  
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43 STREET ADDRESS  
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44 CITY - ST - ZIP  
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51 TITLE  
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52 NAME  
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53 STREET ADDRESS  
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54 CITY - ST - ZIP  
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61 TITLE  
☐ Change ☐ Addition

62 NAME  
☐ Change ☐ Addition

63 STREET ADDRESS  
☐ Change ☐ Addition

64 CITY - ST - ZIP  
☐ Change ☐ Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin P. Winger

7/20/96

800-722-5849  
Daytime Phone

CR2E034 (3/96)