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 # P9400080898

	Principal Place of Business
	818 SILK OAK TERRĄCE
i	LAKE MARY FL 32746

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90052 037 ***150.00

1. Corporatio	MOSQUITO CONTROL SE	RVICES INC.					
				ا دو معیود ساخه د سا			
Principal Plac	ce of Business	Mailing Address		÷	. , , , , , , , , , , , , , , , , , , ,		
818 SILK OAK		818 SILK OAK TE					
LAKE MARY FL	L 32/46	LAKE MARY FL 3	S2/46		DO NOT WRIT	E IN THIS SPACE	,
			•		3. Date Incorporated or Qualifed	÷ · · · · · · · · · · · · · · · · · · ·	
		•			10/31/1994		
2. Principal P	Place of Business	2a. Mailing Addr	ess		4. FEI Number	· A	Applied For
21		26			59-3281859		Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #	, etc.	•	5. Certifcate of Status Desired		Additional Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	0 May Be
23		28			Trust Fund Contribution	1 1	d to Fees
Zip	Country 25	Zip 29	G 30	ountry	This corporation owes the curre Personal Property Tax.	nt year Intangible _	No.
	9. Name and Address of Curre				10. Name and Address of New R	egistered Agent	
		* * * * * * * * * * * * * * * * * * *		81 Name			
	GER, MARTIN SILK OAK TERRACE	Or Charles		82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)	<u> </u>
LAK	E MARY FL 32746	•	•	83			
	1						# t
	1			84 City	•	FI 85 Zip	o Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such chan ations of, Section 607.	ne was authoriz	red by the comora	poration submits this statement for the particular to the particular to board of directors. I hereby acceptions	the appointment as i	registered
office or i agent. I a SIGNATURE	am familiar with, and accept the obligations of the obligation of	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe	zed by the corpora tatutes. Fred Agent signature requi	tion's board of directors. I hereby accept	the appointment as i	registered
office or ragent. I a SIGNATURE	am familiar with, and accept the obligation of registered age OFFICERS AN	ations of, Section 607. ant and title if applicable. ND DIRECTORS	ge was authoriz 0505, Florida St (NOTE: Registe	zed by the corpora tatutes.	tion's board of directors. I hereby accept	the appointment as i	registered
office or agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607. ant and title if applicable. ND DIRECTORS	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1	red Agent signature requi	tion's board of directors. I hereby accept	the appointment as i DATE ICERS AND DIRECT	registered
office or a agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND D WINGER, MARTIN P	ations of, Section 607. ant and title if applicable. ND DIRECTORS	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1	ared by the corporate tatutes. To Agent signature required Agent signa	tion's board of directors. I hereby accept	the appointment as i DATE ICERS AND DIRECT	registered
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D WINGER, MARTIN P 818 SILK OAK TERRACE	ations of, Section 607. ant and title if applicable. ND DIRECTORS	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1	zed by the corpora tatutes. red Agent signature required Agent Signatu	tion's board of directors. I hereby accept	the appointment as i DATE ICERS AND DIRECT	registered
office or a agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND D WINGER, MARTIN P	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2	ared by the corporate tatutes. To Agent signature required Agent signa	tion's board of directors. I hereby accept	the appointment as i DATE ICERS AND DIRECT	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D WINGER, MARTIN P 818 SILK OAK TERRACE	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.2 1.3 1.4 ELETE 2.1	zed by the corporal tatutes. red Agent signature requipment of the corporation of the co	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1	zed by the corpora tatutes. red Agent signature required Agent Agent Signature required Agent S	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3	zed by the corpora tatutes. rred Agent signature requipment of the corporation of the co	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3	ared by the corporate tatutes. Tred Agent signature requipations of the corporate sig	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT	FORS IN 12 Parameter Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1	ared by the corporal tatutes. Trod Agent signature requipations of the corporate signature sign	tion's board of directors. I hereby accept	DATE CICERS AND DIRECT Change	FORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1 3.2	zed by the corpora tatutes. red Agent signature requipations are requipated. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 5 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	tion's board of directors. I hereby accept	DATE CICERS AND DIRECT Change	FORS IN 12 Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME ATTERITATION	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607.	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1 3.2 3.3	zed by the corpora tatutes. red Agent signature requipations are requipated as a street aboress of city-St-Zip it title it title it title it title it street aboress 4 city-St-Zip it title	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT Change	FORS IN 12 Part Addition Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D	ge was authoriz 0505, Florida St (NOTE: Registe 1.1 ELETE 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2. ELETE 3.1 3.2 3.3 3.4	zed by the corporal tatutes. red Agent signature requipation of the corporal tatutes. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 9 STREET ADDRESS	tion's board of directors. I hereby accept	DATE TICERS AND DIRECT Change	FORS IN 12 Part Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	zed by the corpora tatutes. red Agent signature requipations are requipated as a street address as a city-st-zip ititle iti	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT Change	FORS IN 12 Part Addition Addition
office or in agent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 3.3 2.4 ELETE 3.1 3.2 3.3 3.4 ELETE 4.1 4.5	zed by the corpora tatutes. red Agent signature requipations are requipated. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE	tion's board of directors. I hereby accept	DATE ICERS AND DIRECT Change	FORS IN 12 Part Addition Addition
office or in agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 2.2 2.3 2.4 ELETE 3.1 3.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4	ared by the corporal tatutes. Tred Agent signature requipation of the corporal tatutes. Tred Agent signature requipation of the corporal tatutes. Titlle The corporal tatute of the corporal tatutes. Titlle The corporal tatutes of the corporal tatutes. Titlle The corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of the corporal tatutes of the corporal tatutes. The corporal tatutes of t	tion's board of directors. I hereby accept	DATE CHANGE Change	FORS IN 12 P Addition P Addition P Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 3.3 2.4 ELETE 4.1 4.3 4.4 ELETE 5.1	zed by the corporal tatutes. red Agent signature requipation of the corporal tatutes. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-ST-ZIP 1 TITLE 2 STREET ADDRESS 5 CITY-ST-ZIP 1 TITLE	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT Change	FORS IN 12 FORS I
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT D WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 3.3 2.4 ELETE 4.1 4.3 4.4 ELETE 5.1 5.2	zed by the corporal tatutes. red Agent signature requipation of the corporal tatutes. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 6 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 6 CITY-ST-ZIP 1 TITLE 2 NAME	tion's board of directors. I hereby accept	DATE CHANGE Change	FORS IN 12 P Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT D WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 3.3 2.4 ELETE 3.1 4.5 ELETE 4.1 4.5 4.3 4.4 ELETE 5.1 5.2 5.3	zed by the corporal tatutes. red Agent signature requipation of the corporal tatutes. 3. ITITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 9 STREET ADDRESS 9 STREET ADDRESS 9 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CHANGE Change	FORS IN 12 P Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT D WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.2 2.3 2.4 ELETE 3.1 3.2 3.3 3.4 ELETE 4.1 4.5 4.3 4.4 ELETE 5.1 5.2 5.3 5.4	zed by the corporal tatutes. red Agent signature requipation and agent signature requipation. I TITLE NAME STREET ADDRESS CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CHANGE Change Change	FORS IN 12 FORS I
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT D WINGER, MARTIN P 818 SILK OAK TERRACE LAKE MARY FL 32746	ations of, Section 607. ant and title if applicable. ND DIRECTORS D D	ge was authoriz 0505, Florida St (NOTE: Register 1.1 1.2 1.3 1.4 ELETE 2.1 3.3 2.4 ELETE 4.1 4.3 4.4 ELETE 5.1 5.2 5.3 5.4 ELETE 6.1 5.2 5.3 5.4 ELETE 6.1 6.1	zed by the corporal tatutes. red Agent signature requipation of the corporal tatutes. 3. ITITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 9 STREET ADDRESS 9 STREET ADDRESS 9 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CHANGE Change	FORS IN 12 FORS I

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 chapter 607 or had attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP