## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996		DIVISION OF	CORPORA	JIO	NS						
DOCUM 1. Corporation I	Name	0000822	221 (0	)				. IV				
GENES	is exterminating, in	NC.							)	H BOKIR BAIO) I	IANA MANA M	<b>a (4 in 6 a</b> in <b>6 a i</b> n 6 a a a
							_   '	Z				
Principal Place of Business 415 45TH STREET, NW BRADENTON FL 34209		415 45	Mailing Address 415 45TH STREET, NW BRADENTON FL 34209									
							3	11/07/1994	Qualified		e of Last F <b>)6/21/1</b> 9	
2. Principal Plac	ce of Business	2a. Mailing 26	2a. Mailing Address				4, FEI Number \$9-0539769				Applied For Not Applicable	
Suite, Apt. #,	etc.		Suite Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional					
2 Crty & State		27   Gity &	7] City & State			<b>t</b>	. 6	. Election Campaign Fir	nancing			Pequired  May Be
3			28		.,			Trust Fund Contribute			Add	led to Fees
Ζφ <b>4</b> ]	Country <b>25</b>	2ip 29		30 Cour	ntry			<ul> <li>This corporation has the Florida Statutes</li> </ul>		intanomie t No	ax under s	s 199.032,
	9. Name and Address of Cu	urrent Registered A	\gent		81	Name	10	). Name and Address	of New F	Registered	Agent	
STEIN, A	LAN			L	82		000 fl	P.O. Box Number is Not	Accontai	alal		
2004 42ND STREET W.				L		Street Addre	635 (1	O. Box Nurriber is Not	Acceptat	ле <i>;</i> 		
BRADEN	TON FL 34205				83							
				[	84	City				FL	<b>8</b> 5 Z	Zip Code
familiar with SIGNATURE	d agent, or both, in the State of the and accept the obligations of, and accept the obligations of, updated system probabilistics.  OFFICERS	Section 607.0505, F	Iorida Statutes.			Long white mapselal				DATE		
TITLE	PSD		DECETE.	1 11	TLF						Change	e 🔲 Addition
NAME STREET ADDRESS	SWENSON, RICHARD C 415 45TH STREET NW			1.2 NA		AODRESS						
CITY - ST - ZIP	BRADENTON FL 34209			1401								
TITLE			□ DELET€	2 1 11							Change	e 🔲 Addition
NAME STREET ADDRESS				2 2 NA		ADDRESS						
CITY - ST - ZIP				2 4 01								
TITLE		I	DELETE	3 1 TI 3 2 NA							Change	e 🔲 Addition
NAME STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				3.4.0	IY S	1 - ZIP						
TIFLE			☐ DELETE	4 1 T 4 2 NA		1					☐ Change	E Addition
NAME STREET ADDRESS						ADDRESS						
CITY - ST - ZiP				4 4 CT	TY - S	I - Z-P						
TITLE			DELETE	5 1 TI 5 2 NA							[_] Change	e 🔲 Addition
NAME STREET AOORESS						ADDRESS						
CITY-ST-ZIP				5 4 CI	TY - S	T-ZIP						
TITLE			□ DELETE	6 1 Ti							Change	e [] Addition
NAME STREET ADDRESS				62 NA 63 S1		ADDRESS						
CITY-ST-ZIP				6 4 CI								
certify that oath; that I	certify that the information sup the information indicated on this am an officer or director of the Block 12 or Block 13 it changes	s annual report or sup corporation or the re	pplementa⊱anni ceiver or tr⊌ster	ual report is e empower	s to.	e and accura	de a	id that my signature sha	Il have the	e same leda	ıl effect as	s if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/26/96 941-748-2624 Day Diagnose Produce