

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085156 (5)

1. Corporation Name

HIGH TECH PEST CONTROL & AQUATICS, INC.



Principal Place of Business

Mailing Address

23236 DOVER DR
LAND O' LAKES FL 34639
US

P.O. BOX 82485
TAMPA FL 33682-2485
US

2. Principal Place of Business

21 10413 Lake Carroll Wy

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 TAMPA FL

27 City & State

24 33618 25 Hillsboro

29 Zip Country
30

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

06/13/1996

4. FEI Number

59-3274480

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

PHAGAN, WILLIAM C
23236 DOVER DR.
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

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

83

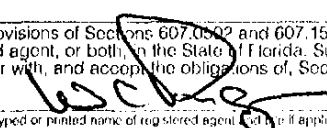
84 City

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



(NOTE: Registered Agent signature required when reinstating)

4-11-97

Signature, typed or printed name of registered agent, and date, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PHAGAN, WILLIAM C
STREET ADDRESS 23236 DOVER DR
CITY-ST-ZIP LAND O' LAKES FL

TITLE D ☐ DELETE

NAME PHAGAN, LARETHIA A
STREET ADDRESS 23236 DOVER DR
CITY-ST-ZIP LAND O' LAKES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WILLIAM C PHAGAN,
1.3 STREET ADDRESS 10413 Lake Carroll Wy
1.4 CITY-ST-ZIP TAMPA, FL. 33618

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME LA PHAGAN
2.3 STREET ADDRESS 10413 Lake Carroll Wy
2.4 CITY-ST-ZIP TAMPA, FL. 33618

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VICE PRES
3.3 STREET ADDRESS WILLIAM C. PHAGAN, III
3.4 CITY-ST-ZIP 10413 Lake Carroll Wy
TAMPA, FL. 33618

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

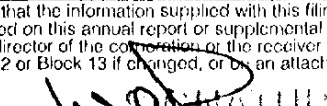
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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

 4-11-97 8:28:11-151-3

CR2E034 (9/96)