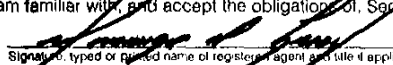


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

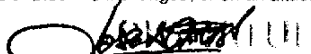
FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000085788 (5)					
1. Corporation Name PREMIER EXTERMINATORS, INC.					
Principal Place of Business 15290 S.W. 26TH STREET DAVIE FL 33126			Mailing Address 15290 S.W. 26TH STREET DAVIE FL 33326-2034		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1995	
21		26		3a. Date of Last Report 08/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0537739	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24		29		30	
9. Name and Address of Current Registered Agent LEROY, DOMINIQUE M ALFRED DUPONT BUILDING 169 EAST FLAGLER STREET, SUITE 1428-29 MIAMI FL 33131			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 obligation 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME PS CAVALIE, JOSE A			1.2 NAME		
STREET ADDRESS 15290 S.W. 26TH STREET			1.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL 33126			1.4 CITY-ST-ZIP		
TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



SIGNATURE:

 **JOSE A. CAVALIE**

04/29/97 (305) 315-0662

CR2E034 (9/96)