

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090619 (5)

1. Corporation Name

MARIANNE MOSELLE GRACE PEST CONTROL, INC.



Principal Place of Business

6652 GLEN MEADOW LOOP
BARTOW FL 33809
US

Mailing Address

PO BOX 92509
LAKELAND FL 33804
US

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1755 no us 98

26 P.O. Box 92509

4. FET Number
59-3286346

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bunk Office

27 Lakeland

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Lakeland, Fla.

28 Fla.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33804

Country

29 33804

Country

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

MOSELLE, MARIANNE
6652 GLEN MEADOW LOOP
LAKELAND FL 33809

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, typed or printed name of registered agent and first if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MOSELLE, MARIANNE
STREET ADDRESS 6652 GLEN MEADOW LOOP
CITY-ST-ZIP LAKELAND FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☒ DELETE

NAME WIEDEMANN, ALFRED
STREET ADDRESS LUDLOW STREET
CITY-ST-ZIP PORT ST. LUCIE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP ☒ DELETE

NAME MOSELLE, MICHAEL D
STREET ADDRESS 6652 GLEN MEADOW LOOP
CITY-ST-ZIP LAKELAND FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME MERCIER, LAWRENCE J.
STREET ADDRESS 517 HILLSIDE DR
CITY-ST-ZIP AUBURNDALE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, 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

11/10/96 813-859-5350
DIXIE

CR2E034 (12/95)