

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

FILED
Jan 26, 1999 8:00 am
Secretary of State

01-26-1999 90020 025 ***150.00

PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris Secretary of State	
1999		DIVISION OF CORPORATIONS	
DOCUMENT # P94000090619			
1. Corporation Name MARIANNE MOSELLE GRACE PEST CONTROL			
Principal Place of Business GRACE PEST CONTROL 3615 VENTURA DRIVE LAKE LAND FL 33811 US		Mailing Address P.O. BOX 92509 LAKE LAND FL 33804 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		21 Suite, Apt. #, etc.	
22 City & State		22 City & State	
23 Zip		23 Zip	
24 Country		24 Country	
9. Name and Address of Current Registered Agent			
MOSELLE, MARIANNE 6652 GLEN MEADOW LOOP LAKE LAND FL 33809 IEEE ECP 1284C			
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 607.0502, Florida Statutes.			
SIGNATURE MARIANNE MOSELLE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I hereby certify that the information supplied with this filing is not qualified for exemption stated in Section 119.07(3)(b) 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, with all other like empowered.			

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1-3-99

941-607-9644

SIGNATURE: MARIANNE MOSELLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1399
Date

941-607-9644
Daytime Phone #

0433596

CR2E034 (11/98)