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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000382 (8)

PESTFREE CONTROL SERVICES, INC.

Principal Place of Business

Mailing Address

## FILED May 11 1998 8:00am Secretary of State



4-30-98 628-4162

4707 EAGLESHAM DRIVE 4707 EAGLESHAM DRIVE ORLANDO FL 32826 ORLANDO FL 32826 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 90 LOUDOUD COURT 26 90 LOUDOUN COURT 59-3321272 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MaiTLAND Trust Fund Contribution Added to Fees Marthaud 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes V No 45 A Personal Property Tax due June 30. <u>5) 25 U.S.p. 29 3シリ</u> 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TRAINOR, SUSANA Name Trainer Susava
Street Aridress (P.O. Box Number is Not Acceptable)
90 Loudayu Cour T 4707 EAGLESHAM DRIVE 82 ORLANDO FL 32826 LOUDQUN COUPT **B3** Zip Code City 84 85 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, typed or proved none of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE TRAINOR, SUSANA Traibon, SUSANA **1.2 NAME** 4707 EAGLESHAM DRIVE 1.3 STREET ADDRESS 90 LOUDOUN COURT STREET ADDRESS ORLANDO FL 32826 1,4 CITY - ST - ZIP MaiTLOND, FL 32751 CITY-ST-Z#P DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-S1-ZiP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 14. I 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 trustide empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.