

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90043 010 ***150.00

DOCUMENT # P95000001655

1. Corporation Name
ANEW PEST CONTROL, INC.

Principal Place of Business
1445 CITRUS STREET
CLEARWATER FL 34616

Mailing Address
1445 CITRUS STREET
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1995

4. FEI Number
59-3288729

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6121 59th PLACE NO.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG FL

Zip Country

24 33709-1821 25 USA

2a. Mailing Address

26 6121 59th PLACE NO.

Suite, Apt. #, etc.

City & State

28 ST. PETERSBURG FL

Zip Country

29 33709-1821 30 USA

9. Name and Address of Current Registered Agent

HOUSE, CHARLES W
1445 CITRUS STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
TIMOTHY E. PEARSON

82 Street Address (P.O. Box Number is Not Acceptable)
6121 59th PLACE NO.

83

84 City
ST. PETERSBURG FL

85 Zip Code
33709

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 title if applicable.

TIMOTHY E. PEARSON

4/19/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PEARSON, TIMOTHY E
STREET ADDRESS
6121 59TH PLACE NORTH
CITY-ST-ZIP
ST. PETERSBURG FL 33709

TITLE ☒ DELETE

NAME
HOUSE, CHARLES W
STREET ADDRESS
1445 CITRUS STREET
CITY-ST-ZIP
CLEARWATER FL 34616

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY E. PEARSON

4/19/99

727-546-9726

Date

Daytime Phone #

CR2E034 (11/98)