

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 # P95000002514 (4)

1. Corporation Name  
PRO PEST, INC.



Principal Place of Business

205 AIRPORT ROAD, SOUTH  
NAPLES FL 33942

Mailing Address

205 AIRPORT ROAD, SOUTH  
NAPLES FL 33942

3. Date Incorporated or Qualified  
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 1881 Trade Center Way

2a. Mailing Address

26 1881 Trade Center Way

4. FEI Number

65-0543683

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

Zip

33942

Country

USA

Zip

33942

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, PATRICK E  
205 AIRPORT ROAD, SOUTH  
NAPLES FL 33942

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

(Sign and type or print name of registered agent or officer and director)

(Print Registered Agent Signature and address of registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME WARNER, PATRICK E  
STREET ADDRESS 5564 WILMAR LANE  
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

1.1 TITLE Sec/Treas ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME KAISER, DAVID F. JR.  
STREET ADDRESS 2098 44TH TERRACE, SW  
CITY-ST-ZIP NAPLES FL 33999 ☐ DELETE

2.1 TITLE Vice Pres ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D  
NAME GRANT, RONALD R  
STREET ADDRESS 410 12TH STREET, NE  
CITY-ST-ZIP NAPLES FL 33964 ☐ DELETE

3.1 TITLE Pres ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

Ronald Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

941-592-1616

Date

Dividing Point

CS

4/28/96

CR2E034 (12/95)