

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000002514 (4)

1. Corporation Name  
PRO PEST, INC.

Principal Place of Business  
1881 TRADE CENTER WAY  
NAPLES FL 33942

Mailing Address  
1881 TRADE CENTER WAY  
NAPLES FL 34109-1863



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

04/28/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Marlene Warner

82 Street Address (P.O. Box Number is Not Acceptable)

5564 Wilmar Lane

83

Naples FL 34112

84 City

Naples FL 34112

FL

85 Zip Code

34112

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/97

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WARNER, PATRICK E	
STREET ADDRESS	5564 WILMAR LANE	
CITY - ST - ZIP	NAPLES FL 33962	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KAISER, DAVID F JR.	
STREET ADDRESS	2098 44TH TERRACE, SW	
CITY - ST - ZIP	NAPLES FL 33969	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, RONALD R	
STREET ADDRESS	410 12TH STREET, NE	
CITY - ST - ZIP	NAPLES FL 33964	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrick Warner	
1.3 STREET ADDRESS	5564 Wilmar Lane	
1.4 CITY - ST - ZIP	Naples FL 34112	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE DAVID F. KAISER	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE RONALD R. GRANT	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Vice President, Sec, Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marlene Warner	
4.3 STREET ADDRESS	5564 Wilmar Lane	
4.4 CITY - ST - ZIP	Naples FL 34112	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, changed, or in an attachment with an address.

SIGNATURE:

Marlene Warner

2/27/97

941 592 1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)