

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009087 (4)

1. Corporation Name

NOYES PEST MANAGEMENT INC.



Principal Place of Business

16171 FOREST GLEN COURT
PUNTA GORDA FL 33982

Mailing Address

16171 FOREST GLEN COURT
PUNTA GORDA FL 33982

2. Principal Place of Business

21 16171 FOREST GLEN CT.
Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA, FL

Zip

24 33982

Country

25 USA

2a. Mailing Address

26 16171 FOREST GLEN CT
Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA, FL

Zip

29 33982

Country

30 USA

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

2/3/95

4. FEI Number

65-0552952

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

10. Name and Address of New Registered Agent

NOYES, WILLIAM C
16171 FOREST GLEN COURT
PUNTA GORDA FL 33982

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

[Signature]

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN CT.*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN CT.*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN CT.*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

TITLE ☐ DELETE
NAME *WILLIAM NOYES*
STREET ADDRESS *16171 FOREST GLEN CT.*
CITY-STATE-ZIP *PUNTA GORDA, FL 33982*

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

500001733685
-03/06/96-01026-001
***200.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96
Date

941-624-8370
Phone Number

CR2E034 (12/95)