## 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

## DOCUMENT # **P95000012814**1. Corporation Name

GUARANTY PEST CONTROL, INC.

Principal Place	e of Business	Mailing Address			· .			
6531 43RD ST 602 BEVERLY DRIVE					·	•		
1614 BRANDON FL 33511					DO NOT WRITE IN THIS SPACE			
PINELLAS PARK FL 33781 US					3. Date Incorporated or Qualifed			
					02/15/1995		]	
2 Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Apr	plied For	
21 26				<b>59-3295405</b>		·	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired See Required			
22					6. Election Campaign Financing			
23 28				Trust Fund Contribution Added to Fees				
Zip Country Zip  24 25 29 3			Counti	8. This corporation owes the current year Intangible Personal Property Tax.			□No	
<del>,</del>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regis	tered Agent		
			8	1 Name	•			
HALL, ROY H				82 Street Address (P.O. Box Number is Not Acceptable)				
6531 43RD ST					The second secon			
1614				83				
PINELLAS PARK FL 33781				84 City 85 Zip Code.				
						FL		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was au	ithorized b	v the corporati	poration submits this statement for the purp- ion's board of directors. I hereby accept the	appointment as rec	registered gistered	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		ND DIRECTORS	13.	. 1		Change	Addition	
TITLE	D D	L. DECETE					127 / 100/10	
NAME	HALL, ROY H 602 BEVERLY DRIVE		1.2 NAME					
STREET ADDRESS	BRANDON FL 02			ET ADDRESS			. [	
CITY-ST-ZIP	BRANDON FL UZ	☐ DELETE	1.4 CfTY- 2.1 TITLE			Change	Addition	
TITLE		☐ DELETE	2.2 NAME					
NAME				ET ADDRESS			1	
STREET ADDRESS			2.4 CITY					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			Change	☐ Addition	
LIARATE			3.2 NAMI					
NAME STREET ADDRESS	130 C		1	ET ADDRESS	The second se	. 2485 ( ) 1 112 S	· * * * . '2:2*	
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE		3 3 4 4 4	'(': ☐ Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS			·	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE			_			Change	Addition	
111100		☐ DELETE	5.1 TITLE		and the property of	- Onange	. C. Addison )	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90004 021 \*\*\*150.00

☐ Change ☐ Addition