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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS CHY-ST-ZIE

appears in Block 12 of Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000020746 (0) DOCUMENT

THE PEST DETECTIVE, INC.

Principal Place of Business Mailing Address 2121 CORPORATE SQUARE BLVD 2121 CORPORATE SQUARE BLVD #226 **#226** JACKSONVILLE FL 32218 JACKSONVILLE FL 32218-1978 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1995 03/04/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3301086 26 Not Applicable 21 Suito, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MCKINDLES, NORMAN P JR. 81 Name 2121 CORPORATE SQUARE BLVD Street Address (P.O. Box Number is Not Acceptable) #226 JACKSONVILLE FL 32216 83 84 City 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 is, any has or precised mine of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition 1.1 TITLE Mak MCKINDLES, NORMAN P. JR NAME **1.2 NAME** CR2E034 10523 ANCHORAGE COVE LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY: 51-20 Change Addition DELETE 2.1 TITLE Title 2.2 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP City St-7ff DELETE Change Addition TITLE 31 TITLE NAMI 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-51-Za DELETE ☐ Change Addition DITLE 4.1 TITLE NAME 4. 2 NAME STEED ADDRESS 4.3 STREET ADDRESS C(1) - S* - 7(P 4.4 City-ST-ZIP DELETE Change Addition 5.1 TITLE 1016 52 NAME NAM* **5.3 STREET ADDRESS** STREEL ADDRESS CITY ST ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TillE 6.2 NAME NAME

63 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 an officer or director of the corporation or the receiver or trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 610ck 120 or 610ck

FILED Apr 09 1997 8:00am Secretary of State

