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May 06 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 # P95000021224 (7)

1. Corporation Name

PEST CONTROL MANAGEMENT CORPORATION

Principal Place of Business

1480 TURNBULL BAY RD
NEW SMYRNA BCH FL 32168
US

Mailing Address

3206 S HOPKIN AVE
SUITE 38
TITUSVILLE FL 32780-5688
US

2. Principal Place of Business

21 450 A#2 Parque Drive

Suite Apt. #, etc.

22 Ormond Beach, FL

City & State

23

Zip

24 32178

Country

25 U.S

2a. Mailing Address

26 Quantum Pest Management

Suite, Apt. #, etc.

27 P.O. Box 682

City & State

28

Ormond Beach, FL

Zip

29 32175

Country

30 U.S

9. Name and Address of Current Registered Agent

WILLIS, C G
127 S PARK AVE
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

02/23/1996

4. FEI Number

59-3307962

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
WILLIS, C G
STREET ADDRESS
127 S PARK AVE
CITY-ST-ZIP
TITUSVILLE FL 32780

TITLE ☐ DELETE

D
NAME
SCHUSTER, JAMES P
STREET ADDRESS
3206 S HOPKIN AVE #38
CITY-ST-ZIP
TITUSVILLE FL 32780

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
2660 Slash Pine Court
Titusville, FL 32780

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3685 DASHILL DR
TITUSVILLE, FL 32780

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *James P. Schuster* 9/21/97 904 672-6748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)