

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021224** ✓

1. Corporation Name

QUANTUM PEST MANAGEMENT, INC.

Principal Place of Business

~~450 A @ 2 PARQUE DRIVE~~
~~ORMOND BEACH FL 32174~~
~~408~~

Mailing Address

P.O. BOX 682
ORMOND BEACH FL 32175
US

2. Principal Place of Business

21 **1631 State Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Holly Hill, FL**

Zip

24 **32117**

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WILLIS, C G
4435 N INDIAN RIVER DR
6060A FL 32927

3. Date Incorporated or Qualified

03/14/1995

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

1631 State Avenue

83

84 City

Holly Hill

FL

85 Zip Code

32117

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]

C. Glenn Willis

7/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **WILLIS, C G**

STREET ADDRESS **4435 N INDIAN RIVER DR**

CITY-ST-ZIP **6060A FL 32927**

TITLE ☒ DELETE

NAME **SCHUSTER, JAMES P**

STREET ADDRESS **3685 OAKHILL DR**

CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P, S, T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1631 State Avenue**

1.4 CITY-ST-ZIP **Holly Hill, FL 32117**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

[Signature] **Glenn Willis**

7/8/99

904-672-6748

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90008 050 ***550.00

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DO NOT WRITE IN THIS SPACE

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