

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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000026034 (5) 1. Corporation Name: Do Your own Pest Control Inc.		

Principal Place of Business 851 W. STATE RD. 436 Suite 1091 Altamonte Springs, FL 32714		Mailing Address	
2. Principal Place of Business 21 851 W. STATE RD 436 Suite, Apt. #, etc. 1091 City & State ALTAMONTE SPRINGS FL Zip 32714 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 03/31/95	Applied For Not Applicable
4. FEI Number 59-3306120	
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent Stephen M. Stone 725 N. Magnolia Ave. Orlando, FL 32803	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Name of person or persons, other than the corporation, authorized to execute this statement) (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	851 W. STATE RD 436 #1091
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY - ST - ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 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 supplementary 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Deborah B. Kogel DEBORAH B. KOGEL 6/30/98 407-682-1174

CR2E034 (10/97)

Do Your Own Pest Control Inc.

851 West State Road 436 Suite 1091
Altamonte Springs, Fl. 32714
407-682-1174

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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern,

In reviewing my records I have discovered that the corporation fee for this year was not received. This is probably because the business has been moved and I may have missed sending a change of address to your office.

Please accept the payment of \$150.00 for this years fee for the following

company: Do Your Own Pest Control, Inc.
851 State Rd. 436 Suite 1091
Altamonte Springs, Fl. 32714
FEI#: 59-3306120
NUM: P95000026034
RA : Stephen M. Stone
Add : 725 N. Magnolia Ave.
Orlando, Fl. 32803
PST: Deborah B. Kogel

Thank you,


Deborah B. Kogel