

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # P95000027466 (8)

1. Corporation Name
A-PEST EXPRESS INC.



Principal Place of Business

Mailing Address

XXXXXX
XXXXXX
XXXXXX

XXXXXX
XXXXXX
XXXXXX

5280 Myrtle Lane
Naples, FL 34113

5280 Myrtle Lane
Naples, FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/03/1995

05/01/1996

4. FEI Number

Applied For

65-0559251

Not Applicable

5. Certificate of Status Desired

XX

\$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

2. Principal Place of Business

2a. Mailing Address

21 5280 Myrtle Lane
Suite, Apt. #, etc.

26 5280 Myrtle Lane
Suite, Apt. #, etc.

City & State

City & State

23 Naples, Florida

28 Naples, Florida

Zip

Country

24 34113

25 U.S.

Zip

Country

29 34113

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOGAN, DEBRA
2090-1 41ST ST SW
NAPLES FL 33999

81 Name

Michael A. Baviello, Jr., Esquire

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

c/o Michael A. Baviello, Jr., P.A.

83

1025 Fifth Avenue North

84

City
Naples

FL

85

Zip Code
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 the registered agent and job, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
GOGAN, DEBRA
STREET ADDRESS
2090-1 41ST ST SW
CITY-ST-ZIP
NAPLES FL 33999

1.2 NAME
P, S, T, D
1.3 STREET ADDRESS
Gogan, Debra
4484 31st Place SW
1.4 CITY-ST-ZIP
Naples, Florida 34116

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
RATLIFF, JAY
STREET ADDRESS
1729 BEVERLY DR
CITY-ST-ZIP
NAPLES FL 33961

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Naples, Florida 34114

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature: [Signature] (Grogan) 9-11-97

CR2E034 (4/97)