

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000038885 (6)

1. Corporation Name

BOYNTON BEACH TERMITE & PEST CONTROL, INC.



Principal Place of Business

6212 97TH COURT SOUTH  
BOYNTON BEACH FL 33437

Mailing Address

6212 97TH COURT SOUTH  
BOYNTON BEACH FL 33437

2. Principal Place of Business

21 410 E. BOYNTON BEACH BLVD

2a. Mailing Address

26 410 E. BOYNTON BEACH BLVD

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

4. FEI Number

65-0586570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees 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 ☒

22. Suite, Apt. #, etc.

22 UNIT B

27. Suite, Apt. #, etc.

27 UNIT B

23. City & State

23 BOYNTON BEACH, FL.

28. City & State

28 BOYNTON BEACH, FL

24. Zip

24 33435

Country

25 USA

29. Zip

29 33435

Country

30 USA

9. Name and Address of Current Registered Agent

ANTOLINO, GENE  
6212 97TH COURT SOUTH  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name  
HENRY T. PASTOR

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

3904 DORRIT AVE

83

84

City  
BOYNTON BEACH

FL

85 Zip Code

33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 607.1105, Florida Statutes.

SIGNATURE

*[Signature]*

HENRY T. PASTOR

4-26-96

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 D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANTOLINO, GENE  
6212 97TH COURT SOUTH  
BOYNTON BEACH FL 33437

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MCELWAIN, ANGELA  
6212 97TH COURT SOUTH  
BOYNTON BEACH FL 33437

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 P/D ☒ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
HENRY T. PASTOR  
3904 DORRIT AVE  
BOYNTON BEACH, FL. 33436

2.1 TITLE V/D ☒ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
ROCKY L. MCELWAIN  
7400 ASHLEY SHORES CIR.  
LAKE WORTH, FL 33467

3.1 TITLE V/D ☒ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
LENNY MALUSKY  
10220 BOYNTON PLACE CIR  
BOYNTON BEACH, FL. 33437

4.1 TITLE S/T ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
KIMBERLY A. PASTOR  
3904 DORRIT AV.  
BOYNTON BEACH, FL. 33436

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
SCOTT SCHLANDER  
8624 BRIAN BLVD  
BOYNTON BEACH, FL. 33437

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*

HENRY T. PASTOR

4-26-96

(407) 732-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)