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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000050298 (5)

1. Corporation	MENT # P950 PEST CONTROL I, INC.	0005029	98 (5)			F HE BY SEE HE HEART DINK DENN BENN BENN BENN BENN BENN BENN BENN
Principal Place	of Business	Mailing Addr	ress			
337 SILVER PINE DRIVE LAKE MARY FL 32746		337 SILVER PINE DRIVE LAKE MARY FL 32746				
		•				3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1995
2. Principal Pla	ice of Business	2a. Mailing A	Address			4. FEI Number Applied F
Suita Ant #	لل المدار	26 Suite Ass	26 Suite, Apt. #, etc.			59-332376 Not Appl
Suite, Apt. #	, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired \$8.75 Additio
City & State		City & Sta	.ate			6. Election Campaign Financing \$5.00 May E
3		28	<del></del>			Trust Fund Contribution Added to Fee
Ζφ <b>4</b>	Country 25	Zip	F	Country	_	8. This corporation has liability for intangible tax under s 199.032
4]	25 9. Name and Address of Curre	29 rent Registered Age	90 sent	$\overline{}$		Florida Statutes Yes No  10. Name and Address of New Registered Agent
				81	Name	
	NS, CLAYTON D ESQ.			82	Stree	set Address (P.O. Box Number is Not Acceptable)
200 W.	FIRST STREET					ALADDIESS (F.O. DON HORIDGE IS THAT MODIFICATION
SANFOR	RD FL 32771			83	Ī	
				84	City	<b>P.</b> 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607 1508, Fir	orida Statutes the	abaya.	L Democ	d corporation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered agent. I
12. TIFLE NAME STREEL ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD CARPENTER, BOB 337 SILVER PINE DRIVE LAKE MARY FL 32746	AND DIRECTORS	DELETE 1. 1.3	. 1 TITLE .2 NAME .3 STREET	ADDRESS	
CITY - ST - ZIP TITLE	LANE MARTI PL SZITO			.4 CITY-S'	1-ZIP	Lake Mary, Fly - 32746
NAME			_	2 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS					ADDRESS	M. Carol Carpenter 337 Silver Pine Drive
DITY-ST-ZIP			2.4	4 CITY-SI		Lake Mary FL 32746
LTLE	_			1 TITLE		Change Add
NAME				2 NAME		
STREET ADDRESS					T ADDRESS	šš
CITY - ST - ZIP TITLE			O.C. EXC	.4 CITY - ST . 1 TITLE	-ZIP	☐ Change ☐ Add
NAME		<del></del>		2 NAME	1	Change Add
STREET ADDRESS				3 STREET /	ADDRESS	,c
City-ST-ZIP				4 City-St		<b>5</b>
TITLE			Dr. Fre	1 TITLE	<u></u>	Change Addi
NAME			5.7	2 NAME	ľ	
STREET ADDRESS			5.7	3 STREET A	ADORESS '	s
CITY-ST-ZIP		Em.	DC) EXC	4 CITY-ST	(-ZIP	
TIFLE		Пυ		1 TITLE		☐ Change ☐ Addi
JAME December				2 NAME		
STREET ADDRESS				3 STREET A		3
14. I do hereby o	codify that the information supplied	with this filing is val	6.4	4 CITY-ST	-ZIP J	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I furth-
oath; that I a	ine iniormation indicated on this anni	nual report or supplent poration or the euclive	mental annual repor er or trustee emboow	et ic tri ic	a and ac	publicy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth accurate and that my signature shall have the same legal effect as if made un- bute this report as required by Chapter 607, Florida Statutes, and that my nam