

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 # P95000069772 (8)

1. Corporation Name

FLORIDA PEST CONTROL, INC.



Principal Place of Business

500 N.E. 25th St. Ste. 4
Pompano Beach, FL. 33064

Mailing Address

P.O. Box 9435
Coral Springs, FL. 33075-9435

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 500 N.E. 25th St.

26 P.O. Box 9435

4. FEI Number
65-0606990

Applied For
Not Applicable

22 Suite 4

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Pompano Beach, FL.

28 Coral Springs, FL.

6. Election of Corporation Form
[Handwritten: 1120, 1120-C, 1120-E, 1120-F, 1120-G, 1120-H, 1120-I, 1120-J, 1120-K, 1120-L, 1120-M, 1120-N, 1120-O, 1120-P, 1120-Q, 1120-R, 1120-S, 1120-T, 1120-U, 1120-V, 1120-W, 1120-X, 1120-Y, 1120-Z]

24 33064

25 Country

29 33075-9435

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUEEN, LISA M
7310 W MCNAB ROAD
SUITE 207
TAMARAC FL 33321

81 Name Martin VanSkyhawk
82 Street Address (P.O. Box Number is Not Acceptable) 500 N.E. 25th St.
83 Suite 4
84 City Pompano Beach FL 85 Zip Code 33064

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

[Handwritten Signature]

MARTIN C. VANSKYHAWK

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCQUEEN, LISA M	
STREET ADDRESS	7310 W MCNAB ROAD #207	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D/P/N/T/S/C/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martin VanSkyhawk	
1.3 STREET ADDRESS	500 N.E. 25th St.	
1.4 CITY - ST - ZIP	Suite 4 Pompano Beach, FL. 33064	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

954-781-4499

CR2E034 (12/95)