


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

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1996 NOV 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF DIVISION OF CORPORATIONS
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DOCUMENT # P95000072117 (1)

1. Corporation Name
MOSQUITO PATROL, INC.

Principal Place of Business 2807 NW HAILE DEAN ROAD ARCADIA FL 33821	Mailing Address 2807 NW HAILE DEAN ROAD ARCADIA FL 33821
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3. Date Incorporated or Qualified 09/15/1995	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 52-1979447 Applied For Not Applicable	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent HILTON, RICKEY L 2807 NW HAILE DEAN ROAD ARCADIA FL 33821	10. Name and Address of New Registered Agent 81 Name MIKE BASSINE 82 Street Address (P.O. Box Number is Not Acceptable) 1809 CORAL CIRCLE 83 84 City NORTH FT MYERS, FL 85 Zip Code 33903
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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 Mike Bassine (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, RICKEY L	1.2 NAME	
STREET ADDRESS	2807 NW HAILE DEAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BASSINE, MIKE	2.2 NAME	
STREET ADDRESS	1809 CORAL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FOR MYERS FL 33903	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ROTHBARD, CURT A	3.2 NAME	
STREET ADDRESS	13911 PATHFINDER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: x Mike Bassine 10/10/96 941-995-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)