

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074637 (6)

1. Corporation Name  
**COMPLETE PEST MANAGEMENT, INC.**



Principal Place of Business <b>7395 HOFFNER AVE. STE. A ORLANDO FL 32822</b>	Mailing Address <b>PO BOX 720235 ORLANDO FL 32872</b>
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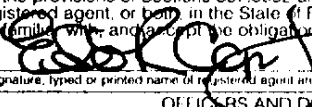
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/27/1995</b>	
4. FEI Number <b>59-3336137</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>4864 Distribution Ct.</b>		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22. City & State <b>Orlando FL</b>		27. City & State	
23. Zip <b>32822</b>	Country <b>Orange</b>	28. Zip	Country
24. <b>32822</b>	25. <b>Orange</b>	29.	30.

9. Name and Address of Current Registered Agent <b>CAPONI, ELSON JR. 3816 OYSTER COURT ORLANDO FL 32812</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		86. Zip Code	

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 (family, wife, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D/P/C</b>
NAME	<b>CAPONI, ELSON JR.</b>	1.2 NAME	<b>CAPONI, ELSON JR</b>
STREET ADDRESS	<b>3816 OYSTER COURT</b>	1.3 STREET ADDRESS	<b>3816 OYSTER CT</b>
CITY - ST - ZIP	<b>ORLANDO FL 32812</b>	1.4 CITY - ST - ZIP	<b>ORLANDO, FL 32812</b>
TITLE		2.1 TITLE	<b>S/T</b>
NAME		2.2 NAME	<b>CAPONI, LOREINEA.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>3816 OYSTER CT.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>ORLANDO, FL 32812</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:  3/25/98 (407) 380-0003

CR2E034 (10/97)