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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P9500076088 (0)

UNITED TERMITE AND PEST CONTROL CORP.

Principal Place of Business Mailing Address 7807 NW 57 STREET 7807 NW 57 STREET MIAMI FL 33166 MIAMI FL GONZA-LEZ DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 10/03/1995 2a. Mailing Address 2. Principal Place of Business Applied For 21 65-0610708 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GONZALEZ, RICHARD **420 LINCOLN ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE \$35 83 MIAMI BEACH FL City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE FERNANDEZ, CARLOS NAME 1.2 NAME 315 S.W. 121ST AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FERNANDEZ, ESTHER NAME 2.2 NAME 315 S.W. 121ST AVENUE STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP 2 4 City-St-ZiP ☐ DELETE Change Addition TITLE 3.1 Trille NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 DILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

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

Vice-Provident

FILED

Feb 03 1998 8:00am

Secretary of State

R2E034 (10/97