SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENTOF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076461 (9)

1ST RATE PEST CONTROL, INC.

Principal Place of Business

Mailing Address

3137 SHIPWATCH DR HOLIDAY FL 34691

3137 SHIPWATCH DR HOLIDAY FL 34691

FILED

97 SEP -2 AM 10: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

09/29/1995

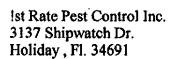


DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | 3a. Date of Last Report

05/01/1996

2. Principal Place of Business				26; Mailing Address				4. FEI Number Applied For	- 1		
21				26				59-3338799 Not Applicab	le		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Corlificate of Status Desired See Required Fee Required			
City & 9	State		28	Cily & State				6. Election Campaign Financing \$5.00 May Re Trust Fund Contribution Added to Fees			
Zip		Country		ê '			ntry 8. This corporation owes or has paid the current year Intang				
24 25 29 30 30 30 9. Name and Address of Current Registered Agent						Personal Property 1ax due June 30. Yes No 10. Name and Address of New Registered Agent					
						81	Name	10. Name and Address of New Hogistered Agent	-		
PAMPENELLA, PAMELA											
3137 SHIPWATCH DR						82 Street Address (P.O. Box Number is Not Acceptable)					
HOLIDAY FL 34691						83					
						B4	City	FL 85 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 amfamiliar with, and accept the originations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed have directly specific agents of the disposal to the d											
12.		OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	76		
TITLE	DP			DELETE	1.1 11	ILE		Change Addition	in 5		
NAME	PAMPEN	ELLA, PAMELA D			1.2 N						
STREET ADOR				1.3 \$		REFT	ADDRESS		١		
CITY-ST-ZIP	HOLIDAY	/ FL 34691			17-S1	- ZIP		6			
TITLE	DS	DS			2.1]1	2.1 11TLF		Change Addition	<u>"</u>		
NAME .	PAMPEN	ELLA, FRANK J			2.2 N/			9000022846191			
STREET ADDRE						2.3 STREET ADDRESS		9000022846191 -03/04/9701050022	-		
CITY-ST-ZIP	HOLIDAY	FL 34691			2 4 C	11Y-5	T-ZIP	****165.00 ****165.00			
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NAME	_				3.2 N/	ME	Ì				
STREET ADDRE	s				3.3 ST	REETA	ADDRESS	•			
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TITLE				L DELETE	6.1 TI] Change Additio	n [
NAME					6.2 N/	ΜE					
STREET ADORE						6.3 STREET ADDRESS			ł		
CITY OF TID	Į.				0.4.04	iv ci	מול	•	- 1		

14. I do 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 logal 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 of Block 12 if changed, or on an attachment with an address.



August, 28, 1997

Florida Dept of State Ref. Number P95000076461

Enclosed please find my 3rd letter explaining that i did not recieve the 1st notice of corporation fees.

I have mailed two letters in the past explaining this and it continues to be returned.

Thank You,

Pamela D. Pampenella

President