

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # P95000078417 (9)

1. Corporation Name

PESTBAN U.S.A., INC.

Principal Place of Business

5497 BENCHMARK LANE
SANFORD FL 32773

Mailing Address

5497 BENCHMARK LANE
SANFORD FL 32773-6433



3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3344090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMITT, RICHARD
292 WEKIVA PK DR.
SANFORD FL 32771

81 Name

RICHARD SCHMITT

82 Street Address (P.O. Box Number is Not Acceptable)

83

5497 BENCHMARK LANE

84 City

SANFORD

FL

85

Zip Code
32771

11. Pursuant to the provisions of Sections 607.0102 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 of each person named as registered agent and director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|-------------------|---------------------|------------------|--------------------------|
| D | SCMITT, RICHARD | 5497 BENCHMARK LANE | SANFORD FL 32773 | <input type="checkbox"/> |
| D | SCMITT, ELIZABETH | 5497 BENCHMARK LANE | SANFORD FL 32773 | <input type="checkbox"/> |
| D | CHITWOOD, KENNETH | 5497 BENCHMARK LANE | SANFORD FL 32773 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|------|----------------|-----------------|-------------------------------------|--------------------------|--------------------------|
| P | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S/T | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

Date

Daytime Phone #

CR2E034 (9/96)