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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079073 (9) DIAMOND TERMITE & PEST CONTROL INC.

FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1468 S BETTY LANE 1468 S BETTY LANE **CLEARWATER FL 34616** CLEARWATER FL 34616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 15625. Missoue, Aux Same 59-3339009 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country B. This corporation owes or has paid the current year Intangible 25 Pinellas 24 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALMER, JOHN S 1468 & BETTY LANE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** В3 84 City Zip Code J07.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to State of Journal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligation 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or registered agen agent. Lam **famili**ar SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition TITLE 1.1 TITLE Change JOHN PALMER 1.2 NAME 1468 S. BETTY LANE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE 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 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information poi is true and acceptance and that my signature shall have the same legal effect as if made under oath; that I am an state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental and officer or director of the consolation or the register Block 12 or Block 13 if pranged, or on a principle. e empowered to an address

SIGNATURE:

CR2E034 (10/97