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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000091418 (0)

ARROW TERMITE AND PEST CONTROL INC.

**FILED** Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							- I TABITABU KIT IBIBT BIGIL BAJIL BAJIL BAJIL BA	IIIO 1910) IIIII OLDU	TIPPI IPICEPU
P.O. BOX 3008 P			P.O. BOX 3006 KEY LARGO FL 33037				DO NOT WRITE IN TH	HIS SPACE	
							3. Date Incorporated or Qualified 11/30/1995	,	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	I Ar	oplied For
21		26	26				65-0629193	No	ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	θ	City &	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	<u> </u>				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	<del> </del>				8. This corporation owes or has paid the		
24	25   29   30   9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes XNo				
		rent Hegistered A	jent	В	1	Name	10. Name and Address of New Register	ed Agent	
	ANTE, PAMELA			ľ	'  '	Name			ĺ
	00 ATLANTIC DRIVE EY LARGO FL 33037				Ì	Street Addre	Idress (P.O. Box Number is Not Acceptable)		
				8	ļ				
				8	ٔ   ٔ	City	F	<b>-L.</b>   <b>85</b>   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									
					gent	signature téquires	d when reinstating) DAT		0.00.40
12.	PT OFFICERS A	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change	S IN 12
TITLE			T DECEME	1.1 TITLE				ш слапуе	LI Addition
NAME	SANTE, PAMELA 300 ATLANTIC DR SUITE	40		1.2 NAME					
STREET ADDRESS	KEY LARGO FL 33037	TŲ.		1.3 STRE		1			\!
CITY-ST-ZIP TITLE	VS		DELETE	1.4 CITY 2.1 TITLE		ZIP		Change	Addition
NAME	SANTE, CHRIS		occen	22 NAME				C Owner	
	300 ATLANTIC DR SUITE	10			3 STREET ADDRESS				1
STREET ADDRESS	KEY LARGO FL 33037	IV					•		
CITY-ST-ZIP TITLE	NET EXIGOTE 00007		DELETE	2.4 City 3.1 Title		ZIP		Change	Addition
NAME				3.2 NAME				ELI Ondrigo	
STREET ADDRESS				3.3 STREE		JOBESS			
CITY-ST-ZIP				3.4. CITY					į
TITLE			DELETE	4.1 1/ILE	01.	4.0		Change	Addition
NAME				4. 2 NAM	E				
STREET ADDRESS				4.3 STREE		DRESS			-
CITY-ST-ZIP				4.4 CITY-					İ
TITLE			DELETE	5.1 TITLE				☐ Change	Addition
NAME				5.2 NAME		-		-	
STREET ADDRESS				5.3 STREI		DORESS			
CITY-ST-ZIP				54 City					
TITLE			DELETE	61 TITLE				☐ Change	Addition
NAME				6.2 NAME				•	
STREET ADDRESS				6.3 STREE		DDRESS			
CITY-SI-ZIP				6.4 CITY					
4 4 4 4	— <del>——</del> —————————————————————————————————			-					

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.

1/22/08