

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 8-Aug 12 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000094454 (2)  
 1. Corporation Name

ABSOLUTE PEST CONTROL, INC.



Principal Place of Business: 41 BANYAN RD, NAPLES FL 34109, US  
 Mailing Address: P.O. BOX 10861, NAPLES FL 33942, US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 12/13/1995  
 4. FEI Number: 65-0628713  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business: 21 74 BANYAN RD., 22 NAPLES, FL., 23 34108, 24 USA  
 2a. Mailing Address: 26 P.O. Box 770565, 27 NAPLES, FL., 28 34107, 29 USA

9. Name and Address of Current Registered Agent: KENNY, DAVID M, 41 BANYAN RD, NAPLES FL 34109

10. Name and Address of New Registered Agent: 81 Name: KENNY, DAVID M., 82 Street Address: 74 BANYAN RD, 83, 84 City: NAPLES, FL, 85 Zip Code: 34108

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: David M. Kenny, DATE: 8/4/98

12. OFFICERS AND DIRECTORS

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | PD             | <input type="checkbox"/> DELETE |
| NAME           | KENNY, DAVID M |                                 |
| STREET ADDRESS | 41 BANYAN RD   |                                 |
| CITY-ST-ZIP    | NAPLES FL      |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                   |  |
|--------------------|-------------------|--|
| 1.1 TITLE          | PD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | DAVID KENNY       |  |
| 1.3 STREET ADDRESS | 74 BANYAN RD.     |  |
| 1.4 CITY-ST-ZIP    | NAPLES, FL. 34108 |  |
| 2.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                   |  |
| 2.3 STREET ADDRESS |                   |  |
| 2.4 CITY-ST-ZIP    |                   |  |
| 3.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                   |  |
| 3.3 STREET ADDRESS |                   |  |
| 3.4 CITY-ST-ZIP    |                   |  |
| 4.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                   |  |
| 4.3 STREET ADDRESS |                   |  |
| 4.4 CITY-ST-ZIP    |                   |  |
| 5.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                   |  |
| 5.3 STREET ADDRESS |                   |  |
| 5.4 CITY-ST-ZIP    |                   |  |
| 6.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                   |  |
| 6.3 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 Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: David M. Kenny, DATE: 8/4/98

CR2E034 (5/98)