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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90028 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000094622

1. Corporation Name
ADVANCE TECH PEST MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address
~~301 W MONTROSE ST~~ **550 EAST AVE.** ~~301 W MONTROSE ST~~ **550 EAST AVE**
 CLERMONT FL 34711 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1995

4. FEI Number
59-3352308

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
550 EAST AVE **550 EAST AVE**

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State
CLERMONT FL **CLERMONT**

24. Zip 25. Country 29. Zip 30. Country
FL 34711 **USA** **FL** **34711**

9. Name and Address of Current Registered Agent
AMANN, JOHN G
~~301 W MONTROSE ST~~ **550 EAST AVE.**
 CLERMONT FL 34711

10. Name and Address of New Registered Agent
 81 Name **Amann John G**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **550 EAST AVE**
 84 City **CLERMONT** FL 85 Zip Code **34711**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P AMANN, JOHN G**
 STREET ADDRESS ~~301 W MONTROSE ST~~ **550 EAST AVE.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE DELETE
 NAME **V MILLER, DUANE D**
 STREET ADDRESS **18929 ORANGE AVE**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **Pres. Amann John G**
 1.3 STREET ADDRESS **550 EAST AVE**
 1.4 CITY-ST-ZIP **CLERMONT FL 34711**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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 reports 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, with all other like empowered.

SIGNATURE: **1-3-99 352-394-7215**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)