PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90073 035 ***150.00

DOCUMENT # P96000017578

1. Corporation Name

NEW GENERATION PEST CONTROL, INC.

Principal Place of Business	Mailing Address
11197 SYLVAN POND CIRCLE ORLANDO FL 32825	P.O. BOX 677752-7752 ORŁANDO FL 32825 US

)X 677752-7752)O FL 32825	DO NOT WRITE IN THIS SPACE			
iling Address	4.	FEI Number		Applied For
		59-3285867		Not Applicable
te, Apt. #, etc.	5.	Certificate of Status Desired		5 Additional Required
y & State		Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees
Country 30		•	Intangible Yes	□No
d Agent	10.	Name and Address of New Registers	ed Agent	
81	Name		•	
82	82 Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	F	85 Z	ip Code
ai ty	30 81 82 83	3. ailing Address 4. 5. ty & State 6. Country 8. 30 30 44 Name 82 Street Address (P. 83	DO NOT WRITE, IN TH. 3. Date Incorporated or Qualifed 02/26/1996 4. FEI Number 59-3285867 5. Certificate of Status Desired ty & State 6. Election Campaign Financing Trust Fund Contribution 7. Country 8. This corporation owes the current year Personal Property Tax. 10. Name and Address of New Registers 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	3. Date Incorporated or Qualifed 02/26/1996 4. FEI Number 59-3285867 5. Certificate of Status Desired \$8.7 Fee ty & State 6. Election Campaign Financing Trust Fund Contribution Adde Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes ad Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)

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	I devaid for gree			4-30-99	\					
		egistered Agent signature requir	ADDITIONS/CHANGES TO OF	DATE	OC IN 42					
12.	OFFICERS AND DIRECTORS Delete	13.	ADDITIONS/CHANGES TO OF	☐ Change	Addition					
TITLE	_	1.1 TITLE		_1 onange	□ radicon [
NAME	RODRIGUEZ, EDWARD	1.2 NAME								
STREET ADDRESS	11197 SYLVAN POND CIRCLE	1.3 STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP								
TITLE	D □ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME	CALLOWAY, PAUL	2.2 NAME	•							
STREET ADDRESS	1708-D AMERICANA BLVD	2.3 STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP			· ·					
TITLE	☐ DELETE	3.1 TITLE	···-	Change	Addition					
NAME		32 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY+ST-ZIP								
TITLE	DELETE	4.1 TITLE		☐ Change	Addition					
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP	,							
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition					
NAME		. 5.2 NAME			l					
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		54 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition					
NAME ¿		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY of 7ID	•	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)