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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

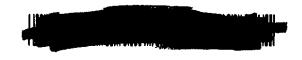
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #P960000 19432 (9)
1. Corporation Name
Davids GIANT PEST CONTROL INC.

Principal Place of Business
3915 lancaster dr 3915 lancaster dr
Sarasota, FL 34241 Sarasota, FL 34241

FILED May 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

, in the second of the second		08/01/9/0	
2. Principal Place of Business , 2a. Mailing Address	1 00	4. FEI Number	Applied For
21 3915 ancaster dR 28 3915 ancus	iter UK	6506482 15	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 Jarasota, the 28 Jarasotu, t	<u>t</u>	Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the curre	
24 3424/ 25 U-5 29 3424/ 30	1 U.SA		Yes No
Timothy Eaton Kicklighter 3915 lancaster de			
3915 lancaster de	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ali i (ancastel ak	83		
Jarasota, FL 34241	121		11 Z. Z
	84 City	FL	85 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 of figure 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			
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 IMOTHY Eaton KICKLIGHTER			
Bignature, typed of psylind name of registered agains and site it applygible. (NOTE: Rec 12. OFFICERS AND DIRECTORS	gistered Agent signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
THE DELETE	1,11011.6		Change Addition
NAME TIMOTHY E KICK I ghter STREET ADDRESS 3915 lancaster del CITY-SI-ZIP TITLE V.P. DELETE	1.2 NAME		
STREET ADDRESS 2915 Innicated de	1.3 STREET ADDRESS		
CITY-ST-ZIP - FOX 950 fax FC . 34241	1.4 CITY-ST-ZIP		
TIFLE 11. DELETE	2.1 TITLE		Change Addition
NAME Dahin A Kicklichter	2.2 NAME		
STREET ADDRESS 3915 Jangaster BIR	2.3 STREET ADDRESS		4
CITY-SI-ZIP Bargs Otal, FC 34291	2. 4 CITY-ST-ZIP		
	3.1 TITLE	L	Change Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-SI-ZIP	3.4. City-St-ZIP		Change
TITLE DELETE	4.1 TITLE	L	Change Addition
NAME STREET ADDRESS	4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP	1	,
······································	5.1 TITLE		Charge Addition
	5.2 NAME	/ /	
· · · · · ·	5.3 STREET ADDRESS		מגע
CITY-ST-ZIP	54 CHY-ST-ZIP		700
	6.1 TITLE	ALCOMO CONTRACTOR	Change Addition
NAME	6.2 NAME	400002532174 ^L -05/21/3801096017 ***150.00	
STREET ADDRESS	6.3 STREET ADDRESS	###1@0 00 "US/CI/SO""UIUSD"""U[[
	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.			