


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

FILED
Apr 24 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 # P96000023992 (6)

1. Corporation Name
AUTHORIZED PEST CONTROL, INC.

Principal Place of Business

5827 ARLINGTON RD
JACKSONVILLE FL 32211

Mailing Address

5827 ARLINGTON RD
JACKSONVILLE FL 32211



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3368929

Applied For
Not Applicable

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
21 900 CECILY BLVD
22 Suite, Apt., etc. #117
23 City & State JAX, FL
24 Zip 32211 25 Country

2a. Mailing Address
26 900 CECILY BLVD
27 Suite, Apt., etc. #117
28 City & State JAX, FL
29 Zip 32211 30 Country

9. Name and Address of Current Registered Agent

SMITH, BRAD A
5827 ARLINGTON RD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name BRAD A SMITH
82 Street Address (P.O. Box Numbers Not Acceptable) 900 CECILY BLVD
83 #117
84 City JAX FL 85 Zip Code 32211

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

Signature typed, printed, or otherwise of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

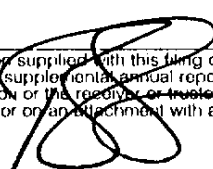
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SMITH, BRAD A	
STREET ADDRESS	12573 BLUE LAGOON TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	DARSEY, DONNY E	
STREET ADDRESS	2730 STANWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, WESLEY M	
STREET ADDRESS	6265 MERCADO DRIVE	
CITY-ST-ZIP	JACKSONVILLE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 registered 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.

SIGNATURE:



BRAD A SMITH

4-17-98 (904) 744-7455

CR2E034 (10/97)