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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am **Secretary of State**

DOCUMENT # P9600025373 1. Corporation Name ENVIRO-TEK PEST CONTROLLING					02-16-1999 900)13 016 ***	150.00		
ENVIRO	D-TEK PEST CONTROL IN	C.							
) [
Principal Pla	ace of Business	Mailing Address				i ag ini ka nin eb i	(8		
4954 LAHAINA DR 4954 LAHAINA DR							• .	•	
SARASOTA FL 34232 SARASOTA FL 34232					DO NOT W	RITE IN THI	E SDACE		
					Date Incorporated or Qualife		S SPACE]
					03/18/1996				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied		plied For	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0651628			t Applicable	}_
22		27			5. Certifcate of Status Desired		\$8.75 A		
City & Sta	ate	City & State			6. Election Campaign Financin	<u>.</u>	\$5.00		ł
23		28		Trust Fund Contribution	^в П	Added t			
Zip	Country	Zip	Coun	try	8. This corporation owes the co	urrent year Ir	ntangible		
24	25 9. Name and Address of Cur	29	30		Personal Property Tax.			□No	
	9. Name and Address of Cur	rent Registered Agent		31 Name	10. Name and Address of Nev	Registered	1 Agent		
GAI	nnon, sean b						•		
4954 LAHAINA DR		82 Stree		32 Street A	Address (P.O. Box Number is Not Acceptable)				
SAF	rasota fl 34232		8	33	100 No. 8 2 1 1 1 2 1	0.42160	3 (8) 10 miles	141.4 (153)	
			-	34 City			等。除於於於		
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11. Pursuant	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the abo	ove-named co	orporation submits this statement for the	e purpose o	f changing its	registered	
Office of	registered agent, or both, in the Sta	ile of Fiorina. Such change was al	ithorized t	IV THE COTHOR	ation's heard of directors. I hereby acc	ant the appe	sintmont on roc	viotorna (
Office of	am familiar with, and accept the obl	ile of Fiorina. Such change was al	ithorized t	IV THE COTHOR	ration's board of directors. I hereby acc	ept the appo	pintment as reg	gistered	
Office of	ann arnillar with, and accept the obli	igations of, Section 607.0505, Flor	utnorized t rida Statuti	es.	ation's board of directors. I hereby acc	ept the appo	ointment as reg	gistered {	
agent. I a	Signature, typed or printed name of registered a	igations of, Section 607.0505, Flor	utnorized t rida Statuti	es.	ation's board of directors. I hereby acc	DATE	ointment as reg	gistered f	(00
agent. I a	Signature, typed or printed name of registered in P	igations of, Section 607.0505, Flor	rida Statut Registered A	oy the corpores.	ation's board of directors. I hereby acc juired when reinstating) ADDITIONS/CHANGES TO C	DATE	ointment as reg	gistered f	11/00/
agent. I a	Signature, typed or printed name of registered in OFFICERS P GANNON, SEAN B	agent and title if applicable. (NOTE: AND DIRECTORS	Registered A	by the corpor	ation's board of directors. I hereby acc	DATE	nintment as reg	nistered	24 (41,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered in OFFICERS P GANNON, SEAN B 4954 LAHAINA DR	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Ag 1.1 TITLE 1.2 NAMI	by the corpor	ation's board of directors. I hereby acc juired when reinstating) ADDITIONS/CHANGES TO C	DATE	nintment as reg	nistered	E034 (41/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered in OFFICERS P GANNON, SEAN B 4954 LAHAINA DR SARASOTA FL 34232	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAMI 1.3 STRE	es. sent signature req E E ETADORESS -ST-ZIP	ation's board of directors. I hereby acc juired when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTOI	RS IN 12	DOE034 (41,00)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS P GANNON, SEAN B 4954 LAHAINA DR SARASOTA FL 34232 S GANNON, GAIL L	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	eant signature requests E E SET ADDRESS -ST-ZIP E	ation's board of directors. I hereby acc juired when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTOI	RS IN 12	CD2E034 (41/09)
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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: