

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

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99 JUN 14 PM 2:20
03-09-1999 90102 048 ***150.00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P96000044451

1. Corporation Name
A-1 PIED PIPER PEST CONTROL, INC.

Principal Place of Business
2845 RIVERLAND RD.
FT. LAUDERDALE FL 33312

Mailing Address
SAME
2845 RIVERLAND RD.
FT. LAUDERDALE FL 33312

10097 CLEARLY BLVD # 297
PLANTATION, FL 33324

03-09-1999 90102 048 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	05/24/1996	650671146	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation owes the current year Intangible Personal Property Tax		☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLZ, MICHAEL A
2845 RIVERLAND RD.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State
85 Zip Code

GOLZ, CHRISTINA
10097 CLEARLY BLVD
PLANTATION
FL
33324

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

Christina Golz

By signature, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 NAME	1.2 TITLE
3. STREET ADDRESS	4. CITY-STATE-ZIP	2.1 NAME	2.2 TITLE
5. CITY-STATE-ZIP	6. CITY-STATE-ZIP	3.1 NAME	3.2 TITLE
7. CITY-STATE-ZIP	8. CITY-STATE-ZIP	4.1 NAME	4.2 TITLE
9. CITY-STATE-ZIP	10. CITY-STATE-ZIP	5.1 NAME	5.2 TITLE
11. CITY-STATE-ZIP	12. CITY-STATE-ZIP	6.1 NAME	6.2 TITLE
13. CITY-STATE-ZIP	14. CITY-STATE-ZIP	7.1 NAME	7.2 TITLE
15. CITY-STATE-ZIP	16. CITY-STATE-ZIP	8.1 NAME	8.2 TITLE
17. CITY-STATE-ZIP	18. CITY-STATE-ZIP	9.1 NAME	9.2 TITLE
19. CITY-STATE-ZIP	20. CITY-STATE-ZIP	10.1 NAME	10.2 TITLE
21. CITY-STATE-ZIP	22. CITY-STATE-ZIP	11.1 NAME	11.2 TITLE
23. CITY-STATE-ZIP	24. CITY-STATE-ZIP	12.1 NAME	12.2 TITLE
25. CITY-STATE-ZIP	26. CITY-STATE-ZIP	13.1 NAME	13.2 TITLE
27. CITY-STATE-ZIP	28. CITY-STATE-ZIP	14.1 NAME	14.2 TITLE
29. CITY-STATE-ZIP	30. CITY-STATE-ZIP	15.1 NAME	15.2 TITLE
31. CITY-STATE-ZIP	32. CITY-STATE-ZIP	16.1 NAME	16.2 TITLE
33. CITY-STATE-ZIP	34. CITY-STATE-ZIP	17.1 NAME	17.2 TITLE
35. CITY-STATE-ZIP	36. CITY-STATE-ZIP	18.1 NAME	18.2 TITLE
37. CITY-STATE-ZIP	38. CITY-STATE-ZIP	19.1 NAME	19.2 TITLE
39. CITY-STATE-ZIP	40. CITY-STATE-ZIP	20.1 NAME	20.2 TITLE
41. CITY-STATE-ZIP	42. CITY-STATE-ZIP	21.1 NAME	21.2 TITLE
43. CITY-STATE-ZIP	44. CITY-STATE-ZIP	22.1 NAME	22.2 TITLE
45. CITY-STATE-ZIP	46. CITY-STATE-ZIP	23.1 NAME	23.2 TITLE
47. CITY-STATE-ZIP	48. CITY-STATE-ZIP	24.1 NAME	24.2 TITLE
49. CITY-STATE-ZIP	50. CITY-STATE-ZIP	25.1 NAME	25.2 TITLE
51. CITY-STATE-ZIP	52. CITY-STATE-ZIP	26.1 NAME	26.2 TITLE
53. CITY-STATE-ZIP	54. CITY-STATE-ZIP	27.1 NAME	27.2 TITLE
55. CITY-STATE-ZIP	56. CITY-STATE-ZIP	28.1 NAME	28.2 TITLE
57. CITY-STATE-ZIP	58. CITY-STATE-ZIP	29.1 NAME	29.2 TITLE
59. CITY-STATE-ZIP	60. CITY-STATE-ZIP	30.1 NAME	30.2 TITLE
61. CITY-STATE-ZIP	62. CITY-STATE-ZIP	31.1 NAME	31.2 TITLE
63. CITY-STATE-ZIP	64. CITY-STATE-ZIP	32.1 NAME	32.2 TITLE
65. CITY-STATE-ZIP	66. CITY-STATE-ZIP	33.1 NAME	33.2 TITLE
67. CITY-STATE-ZIP	68. CITY-STATE-ZIP	34.1 NAME	34.2 TITLE
69. CITY-STATE-ZIP	70. CITY-STATE-ZIP	35.1 NAME	35.2 TITLE
71. CITY-STATE-ZIP	72. CITY-STATE-ZIP	36.1 NAME	36.2 TITLE
73. CITY-STATE-ZIP	74. CITY-STATE-ZIP	37.1 NAME	37.2 TITLE
75. CITY-STATE-ZIP	76. CITY-STATE-ZIP	38.1 NAME	38.2 TITLE
77. CITY-STATE-ZIP	78. CITY-STATE-ZIP	39.1 NAME	39.2 TITLE
79. CITY-STATE-ZIP	80. CITY-STATE-ZIP	40.1 NAME	40.2 TITLE
81. CITY-STATE-ZIP	82. CITY-STATE-ZIP	41.1 NAME	41.2 TITLE
83. CITY-STATE-ZIP	84. CITY-STATE-ZIP	42.1 NAME	42.2 TITLE
85. CITY-STATE-ZIP	86. CITY-STATE-ZIP	43.1 NAME	43.2 TITLE
87. CITY-STATE-ZIP	88. CITY-STATE-ZIP	44.1 NAME	44.2 TITLE
89. CITY-STATE-ZIP	90. CITY-STATE-ZIP	45.1 NAME	45.2 TITLE
91. CITY-STATE-ZIP	92. CITY-STATE-ZIP	46.1 NAME	46.2 TITLE
93. CITY-STATE-ZIP	94. CITY-STATE-ZIP	47.1 NAME	47.2 TITLE
95. CITY-STATE-ZIP	96. CITY-STATE-ZIP	48.1 NAME	48.2 TITLE
97. CITY-STATE-ZIP	98. CITY-STATE-ZIP	49.1 NAME	49.2 TITLE
99. CITY-STATE-ZIP	100. CITY-STATE-ZIP	50.1 NAME	50.2 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Christina Golz*

X Feb 19 1999 X 795-5267

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OF DIVISION

Date Daytime Phone

6/15/99
W