Mailing Address

VERO BEACH FL 32967

4676 US ONE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

Principal Place of Business

4676 US ONE VERO BEACH FL 32967

DOCUMENT # P96000055926

TOTAL PEST CONTROL OF INDIAN RIVER COUNTY, INC.

							DO NOT WRITE IN THIS SPACE							
						3.			or Qualifed					
						ì	07/02/	1996				_		
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Num	ber				App	lied For	
21		26				ļ	65-068	0292				Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				T_	Contifort	of Status	Donirod		\$8.7	15 Ac	dditional	
22		27				5.	Cermoate	o Sialus	Desireu		Fe	e Req	uired	
City & State	9	City & State			6.	Election	Campaign	Financing	O.	\$5.	00 h	/lay Be		
23		28					Trust Fur	nd Contribu	ution	LJ.	Ado	ded to	Fees	
Zip	Country	Zip	Cou	intry		8.	This corp	oration ow	es the curr	ent year Inta	angible			
24	25	29	30				Personal	Property 1	Гах.		Yes		□No	
	9. Name and Address of Curre	ent Registered Agent				10.	Name ar	nd Addres	s of New F	Registered A	Agent			
				81	Name			,					İ	
	ARO, RONALD S		82 Street A			Address (F	O Box N	lumber is I	Not Accepta	able)				
	20 STREET			-		100.000 (1	.0. 00. 1		10111000					
VER(D BEACH FL 32962			83										
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				84	City					FL	85	Zip Co	эве	
11 Pursuant	to the provisions of Sections 607.05	i02 and 607.1508. Florida St	atutes, the a	bove	-named	corporation	n submits	this staten	ent for the	purpose of	changin	g its r	egistered	
office or re	egistered agent, or both, in the State	e of Florida. Such change wa	as authorized	iby:	the corpo	oration's bo	oard of dir	ectors. 1 he	ereby acce	ot the appoin	itment a	ıs regi	stered	
	m familiar with, and accept the oblig	jations or, Section 607.0505,	riorida Stati	utes.										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (1	OTE: Registered	Agen	t signature r	equired when r	reinstating)			DATE				
12.		AND DIRECTORS	13.					IS/CHANG	ES TO OF	FICERS AN	D DIRE	CTOF	S IN 12	
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NAME	FLEISHER, DOUG		1.2 N	AME				-1	م ـــه ر	A 4				
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NAME	WINGATE, JAMES V	··· •	2.2 N/									-		
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	VERO BEACH FL 32962													
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CITY-ST-ZIP				TY-ST	-ZIP						- Chi		☐ Addition	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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. S61-770-0057

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90062 035 ***150.00