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 # 1. Corporation Name P96000057246 (6)

PESTBAN SUNCOAST SERVICES, INC.

FILED Jan 16 1998 8:00am Secretary of State



D: 1 101	(0)	A A - TF A - L A		
Principal Place of Business Mailing Address				
1116 B SUN CENTURY ROAD. N. NAPLES FL 33963		1116 B SUN CENTURY ROAD, N. NAPLES FL 33963		
		=== • . = =====		DO NOT WRITE IN THIS SPACE.
				3. Date Incorporated or Qualified 07/05/1996
	Place of Business	2a. Mailing Address		4. FEI Number 59 – 339 7800 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	10	City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Ziß (1)	Country	710 1117	Country	8. This corporation owes or has paid the current year Intangible
24 541	(U 25]	29 34110	30	Personal Properly Tax due June 30. 🛂 Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
KELLEY, GARLA C 118 WEST ORANGE STREET, SUITE 100 ALTAMONTE SPRINGS FL 32714 81 Name A. Hiers Super Address plo. Box Number is Not Acceptable. BY ASO SPRINGS FL 85 300000000000000000000000000000000000				
11. Pursuant to the pulvisions of Sections 607.0502 and 607, 1508, Florida Statutes, the above-named corporation submits his 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. Thereby accept the appointment as registered agent. I am fairliar with, and accept the poligations of accept the policy of accept the po				
1 100 00 1 1 1 4 1 1 1 A				
SIGNATURE.	Signature, typed or printed name of registered agent	and little applicable (NOT	E. Registered Agent signature re	gured when reinstating) DATE
12.	OFFICERS AND	DIHECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	HIERS, JAMES L III		1.2 NAME	
STREET ADDRESS	4730 SPRING CREEK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 C/TY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	HIERS, EMMA A		2.2 NAMÉ	
STREET ADDRESS	4730 SPRING CREEK DRIVE		2.3 \$1REE1 ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2. 4 City - St - Zip	
TITLE	D	DELETE	3.1 ₹(11.€	Change Addition
NAME	HIERS, JOSEPHINE		3.2 NAME	
STREET ADDRESS	533 BEACHWALK CIRCLE		3.3 STREET ADDRESS	
CITY-S1-ZIP	NAPLES FL 33963		3.4. CITY-ST-7iP	
TITLE	D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHMITT, ELIZABETH		4. 2 NAME	
STREET ADDRESS	5497 BENCHMARK LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	T DOLLY	4.4 CHY-ST-ZIP	
TITLE		☐ DELFTE	5 1 TITLE	L Change L Addition
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY- ST-ZIP	
TITLE		L DELFTE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZIP	cortily that the information countied with	this bling does not qualify to	6.4 CITY - ST - ZIP	in Section 110 07/20/i) Florido Statutos 15 other and in that the
14. Thereby 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 dyanged, or on an attachment with an address.				