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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600071086 (8)

JOHN'S PEST CONTROL, INC.

Principal Place of Business Mailing Address 265 RIVERWOOD ROAD 265 RIVERWOOD ROAD NAPLES FL 34114 NAPLES FL 34114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0708244 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHILDS, DONALD G 983 NO. COLLIER BLVD. Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33969 83 City Zip Code 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1,1 TITLE ☐ Change Addition NAME HUGHES, JOHN F 1.2 NAME 265 RIVERWOOD RD. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME WRIGHT, MARGO L 22 NAME STREET ADDRESS 265 RIVERWOOD RD 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TAILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition

SIGNATURE: John John Poliches 1-31-99 941 775-014

6.2 NAME

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.

6.3 STREET ADDRESS