

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90097 007 \*\*\*150.00

DOCUMENT # P96000083602

1. Corporation Name

SECURITY TERMITE SYSTEMS, INC.

Principal Place of Business

21955 U.S. HWY 19 N.  
CLEARWATER FL 33765  
US

Mailing Address

21955 U.S. HWY 19 N.  
CLEARWATER FL 33765  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

2. Principal Place of Business

21 12908 DUPONT CIR.

2a. Mailing Address

26 12908 DUPONT CIR.

4. FEI Number

59-3404384

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

23 TAMPA, FL.

27 City & State

28 TAMPA, FL.

6. Election Campaign Financing:  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

Country

24 33626

25

29 Zip

Country

29 33626

30

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

ROBERT K. EDDY & ASSOCIATES, P.A.  
808 W. DE LEON STREET  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME PEREZ, ROBERT  
STREET ADDRESS 12908 DUPONT CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Robert Perez ROBERT PEREZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-99 813-818-9898

Date

Daytime Phone #

CR2E034 (11/98)