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

FILED
98 JUN 18 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095167

1. Corporation Name
FLORIDA COAST TERMITE AND PEST CONTROL, INC.

Principal Place of Business / Mailing Address
702 Buck Hendry Way
Stuart, FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-18-96

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0717876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
John H. Shelton
702 Buck Hendry Way
Stuart, FL 34994

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 required for new registered agent. Type or print name and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Shelton, John H.	12 NAME	800025T1768--9
STREET ADDRESS	4354 SE Commerce Ave	13 STREET ADDRESS	-06/25/98--01009--005
CITY-ST-ZIP	Stuart, FL 34994	14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Shelton, Linda M.	22 NAME	
STREET ADDRESS	4354 SE Commerce Ave	23 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Shelton, Jason W	32 NAME	
STREET ADDRESS	4354 SE Commerce Ave	33 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Shelton, Jeff M	42 NAME	
STREET ADDRESS	4354 SE Commerce Ave	43 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	TLL JUN 22 1998

CR2E034 (10/97)

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 added above with an address.

SIGNATURE: John H Shelton 6-15-98 (561) 692-3303
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #