ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90275 041 ***150.00

DOCUMENT # **P96000095167**

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

Principal Place of Business
702 BUCK HENDRY WAY
STUART FL 34994

Mailing Address
702 BUCK HENDRY WAY
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1996

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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 the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHELTON, JOHN H
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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is a corp. NOTE: Registered agent signature required when reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JOHN H 4354 SE COMMERCE AVE STUART FL 34997 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 702 Buck Hendry Way Stuart Fl. 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U SHELTON, LINDA M 4354 SE COMMERCE AVE STUART FL 34997 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 702 Buck Hendry Way Stuart Fl. 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JASON W 4354 SE COMMERCE AVE STUART FL 34997 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 702 Buck-Hendry Way Stuart Fl. 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JEFF M 4354 SE COMMERCE AVE STUART FL 34997 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition 702 Buck Hendry Way Stuart Fl. 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: John H Shelton 4-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Signing Phone #