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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED May 15, 1999 8:00 am

AN	NUAL REPORT Secret		ory of State		Secretary of State			
DOC	UMENT # P	3600011	2203	V		05-15-1999 9001	5 026 ***150.	00
1 Comor	ation Name	000,0		1210				
D1	SCOUNT	PEST C	ONTKOL	-, INC.		≖ ³ 551559 - 90015 -	26	
Principal P	Place of Business	Mail	ing Address					
	OCORTEZ			RTEZBLV	D			
RIDG	E MANOR, FL	. 33523	SIDGE HAN	OR, FL 335	523	DO NOT WRITE	IN THIS SPACE	
						e Incorporated or Qualifed		
2. Principa	il Place of Business	2a. N	Mailing Address		A FFI	12-19-90 Number		A-11-15
21		26				9-3413998	 	Applied For Not Applicable
Suite, A	pt. #. etc.	\vdash	uite, Apt. #, etc.		5. Cert	ifcate of Status Desired	\$8.75	Additional
City & S	tate	27 C	ity & State		6. Elec	tion Campaign Financing		Required May Be
Zip	Counts	28	<u> </u>			t_Fund_Contribution		May Be I-to-Fees .
24	Country 25	y Zi		Country 30		corporation owes the current onal Property Tax.	year Intangible Yes	□No
	9. Name and Addre	ss of Current Register				e and Address of New Regi		
92	RANTOPOL	IAL PAIL	MF.S	81 Name				
	902 LAKE			82 Street A	Address (P.O. B	ox Number is Not Acceptable)	10.1
1	AVEL AND	516-5014 17	JEK KD.	83				
ــا	AKELAND	JE 328	69	84 City			85 Zip	Code
				1 1			FL S E	í
11. Pursuar	nt to the provisions of Secti	ions 607.0502 and 607.	1508, Florida Statute	s, the above-named o	orporation subm	nits this statement for the pure	onse of changing its	s registered
Office of	nt to the provisions of Secti r registered agent, or both, am familiar, with, and acce	in the State of Florida, a	ouch change was au	thorized by the corpo	corporation submartion's board of	nits this statement for the purp f directors. I hereby accept the	pose of changing its appointment as re	s registered egistered
Office of	am familiar with, and acce	on the State of Florida, and the obligations of, Se	such change was au iction 607.0505, Flori	thorized by the corpor da Statutes	ration's board of	f directors. I hereby accept the	appointment as re	s registered egistered
agent. I	am familiar, with, and acce Signature, typed or printed name of	on the State of Florida, and the obligations of, Se	ction 607.0505, Flori	thorized by the corpo	ration's board of	f directors. I hereby accept the	appointment as re	egistered
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14. I nereby 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: HAME OF SIGNING OFFICER OR DIRECTOR