

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90068 017 ***150.00

DOCUMENT # P97000003044

1. Corporation Name

K & A PEST MANAGEMENT, INC.

Principal Place of Business

C/O COMPUKEEPER INC.
1580 NW 2ND AVE. STE. 1
BOCA RATON FL 33432

Mailing Address

C/O COMPUKEEPER INC.
1580 NW 2ND AVE. STE. 1
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0722333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

2. Principal Place of Business

21 501 SW 132nd Terrace

2a. Mailing Address

26 c/o CompuKeeper

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 1446 NW 2nd Ave. #105

City & State

City & State

23 Davie, FL

28 Boca Raton, FL

Zip

Zip

24 33325

29 33432

Country

Country

9. Name and Address of Current Registered Agent

ANDREWSON, A.
C/O COMPUKEEPER INC.
1580 NW 2ND AVE., STE. 1
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Andrewson, Anthony

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

5028 Ashley Lake Drive

83

#317

84 City

Boynton Beach

FL

85 Zip Code

33437

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ROSENTHAL, K.
STREET ADDRESS 501 SW 132 TER.
CITY-ST-ZIP DAVIE FL 33325

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ANDREWSON, A.
STREET ADDRESS 2607 JAMAICA DR.
CITY-ST-ZIP MIRAMAR FL 33023

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5028 Ashley Lake Drive #317

2.4 CITY-ST-ZIP Boynton Beach, FL 33437

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0340443