

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90023 037 ***158.75

DOCUMENT # P97000011696

1. Corporation Name
PEST SMART - PEST PROTECTION SERVICES, INC.

Principal Place of Business
8624 BRIAN BLVD.
BOYNTON BEACH FL 33437

Mailing Address
8624 BRIAN BLVD.
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 617 INDUSTRIAL ST

Suite, Apt. #, etc.

22

City & State

23 LAKE WORTH, FL

Zip Country

24 33461 25 PALM BEACH

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City & State

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Zip Country

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City & State

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Zip Country

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City & State

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City & State

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Zip Country

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City & State

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City & State

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Zip Country

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City & State

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Zip Country

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0717790

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

9. Name and Address of Current Registered Agent

SCHLANDER, SCOTT M
8624 BRIAN BLVD.
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name SCHLANDER, SCOTT M.

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

83

84 City LAKE WORTH FL 85 Zip Code 33461

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 SCOTT M. SCHLANDER

04/13/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHLANDER, SCOTT M

STREET ADDRESS 8624 BRIAN BLVD.

CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE V ☐ DELETE

NAME MCELWAIN, ROCKY L

STREET ADDRESS 8624 BRIAN BLVD.

CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE S ☐ DELETE

NAME SCHLANDER, JOANN L

STREET ADDRESS 8624 BRIAN BLVD.

CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE T ☒ DELETE

NAME MCELWAIN, ANGELA

STREET ADDRESS 8624 BRIAN BLVD.

CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99 561-585-7797

Date

Daytime Phone #

CR2E034 (1/98)

0345666