

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

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
98 NOV 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000028470**
1. Corporation Name
Gene's Termite and Pest Control Services INC.

Principal Place of Business
**2640 Phyllis St.
Jacksonville, FL 32204**
Mailing Address
**P.O. Box 60337
Jacksonville, FL 32236-0337**

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

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified | Applied For |
| 3-26-97 | <input type="checkbox"/> Not Applicable |
| 4. FEI Number | |
| 59-3436325 | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**Patricia A. Hluwalia
5242 Shirley Ave
Jacksonville FL 32205**

| |
|---|
| 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 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 | |
|---|------------------------|--|---|
| Signature typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| TITLE | P. Scott S. Weingeroff | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2640 Phyllis St | 12 NAME | 800002687568--4 |
| STREET ADDRESS | Jacksonville FL 32204 | 13 STREET ADDRESS | -11/16/98--01004--010 |
| CITY-ST-ZIP | Jacksonville FL 32204 | 14 CITY-ST-ZIP | *****158.75 *****158.75 |
| TITLE | Bruce R. Clements | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2640 Phyllis St | 22 NAME | |
| STREET ADDRESS | Jacksonville FL 32204 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville FL 32204 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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.

SIGNATURE: **Scott S. Weingeroff** **Scott S. WEINGEROFF** 1/12/98 (904) 384-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

11/12/98

/ Scott WEINGEROFF

DID NOT RECIEVE ANY NOTICE RENEWAL FOR
THE CORPORATION (GENE'S TERMITE & PEST CONTROL INC)
OF JACKSONVILLE, FL

Scott Weingeroff
President