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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90035 017 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000029583

ADVANTAGE PEST MANAGEMENT SYSTEMS, INC.

Principal Place	e of Business	Mailing Address			·		
2929 CEDAR GLENN PLACE OVIEDO FL 32765		2929 CEDAR GLENN PLACE OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed		
	•				03/31/1997		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
Z. Tillicipai i	acc of Edulitios	26			59-3432231	N	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			<u>-</u>	\$8.75	Additional
22	*	27			5. Certifcate of Status Desired	Fee R	equired
City & State	e .	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year In		
24	25	29	30		Personal Property Tax.	. <u>/-\</u>	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				Name			
JON'	ES, RICHARD A	A4356 ST	-	32 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	CEDAR GLENN PLACE				The state of the s		
OVIE	EDO FL 32765			33			
0110	•		-	84 City	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	. 85 Zip	Code
0		•		'			
		the state of the s			the state of the s	f _L	- registered
11. Pursuant		t Florida Such channe Was al	มาการคก	nv ine cominis	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing it intment as r	s registered egistered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	t Florida Such channe Was al	มาการคก	nv ine cominis	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing it intment as n	s registered egistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRES

CITY-ST-ZIP

TITLE NAME

DELETE

Change

☐ Addition