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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000034552**1. Corporation Name

DIAMONDBACK EXTERMINATING, INC.

FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90003 013 ***550.00



Principal Place	e of Business	Mailing Address			i smarkmar tim (Affit 1981) abite datte datte ante	A cittl AlABI BHOL	91119 ILBI 1891
1817 41ST ST SW 1817 41ST ST SW NAPLES FL 34116 NAPLES FL 34116					DO NOT WRITE IN THI	S SPACE	
					Date Incorporated or Qualifed 04/16/1997	<u> </u>	
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	Ар	plied For
21130a	F. Hibiscus Dr.	26 P.O. Box	155.	3	65-0743841		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	, , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	reland Fl Polk Co		FI		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24 338 0		29 33802	30 Cou	U.S.	This corporation owes the current year to Personal Property Tax.	YZYes	□No
	9. Name and Address of Current	Registered Agent		941 Mana	10. Name and Address of New Registered	Agent	
MAD	SHALL RRADIEV	*		81 Name	•		
MARSHALL, BRADLEY 1817 41ST ST SW					dress (P.O. Box Number is Not Acceptable)		
NAP	LES FL 34116	•		83			
				84 City	F	ᆸᆘᆝ	Code
office or r	to the provisions of Sections 607:0502 registered agent, or both, in the State of the familiar with, and accept the obligation	Florida, Such change was	authorize	d by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE	•	•					
SIGNATURE	Signature, typed or printed name of registered agent			1 Agent signature requir	The state of the s		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12 Addition
TITLE	D .	☐ DELETE	1.1 ∏			☐ ¢hange	
NAME	MARSHALL, BRADLEY		1.2 N				
STREET ADDRESS	1817 41ST ST SW			TREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34116	——————————————————————————————————————		ITY-ST-ZIP		Channe	☐ Addition
TITLE	·	☐ DELETE	2.1 TI			Change	☐ Addition
NAME			2.2 N				
STREET ADDRESS			2.3 S	TREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			☐ Addition
TITLE	· .	☐ DELETE	3,1 TI	TLE		☐ Change	Addition
NAME			3.2 N	AME			
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CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP			
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CITY-ST-ZIP			•	ITY-ST-ZIP			
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NAME			6.2 N	IAME			
STREET ADDRESS		. "	6.3 S	TREET ADDRESS			
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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 attackment with an address with all other like empowered.

SIGNATURE: