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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037044 (9)

1. Corporation Name

UGLY BUGS PEST CONTROL INC.

Principal Place of Business

610 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 34635

Mailing Address

610 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-5442494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 12952 Walsingham rd
Suite, Apt. #, etc.

22 City & State

23 Largo FL

24 Zip 33774

25 Country USA

2a. Mailing Address
26 12952 Walsingham rd
Suite, Apt. #, etc.

27 City & State

28 Largo FL

29 Zip 33774

30 Country USA

9. Name and Address of Current Registered Agent

DELGUIDICE, JOSEPH J

610 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 34635

81 Name

1763 Clearwater Harbour Dr

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

Joseph DelGuidice

Signature, typed registered name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

TITLE PST
NAME DELGUIDICE, JOSEPH J
STREET ADDRESS 610 HIDDEN HARBOUR DRIVE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address.

SIGNATURE:

Joseph DelGuidice

4/14/98 (813)595-8565

CR2E034 (10/97)