

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # P97000038966 (2)

1. Corporation Name

FIRST COAST TERMITE & PEST CONTROL, INC

Principal Place of Business

Mailing Address

1239 ROGERO ROAD
JACKSONVILLE FL 32211

1239 ROGERO ROAD
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3444144

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 1239 Rogero Rd

Suite, Apt. #, etc

City & State

23 JACKSONVILLE FL

Zip

24 32211

Country

25 DUVAL

2a. Mailing Address

26 SAME 1239 Rogero Rd

Suite, Apt. #, etc

City & State

28 JACKSONVILLE FL

Zip

29 32211

Country

30

9. Name and Address of Current Registered Agent

LUSK, JAMES L
2596 COLLEGE STREET
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 JAMES L. Lusk President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT & TREASURER ☐ DELETE

NAME JAMES L. LUSK
STREET ADDRESS 2596 College St
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE Vice-President ☐ DELETE

NAME EDNA M. LUSK
STREET ADDRESS 2596 College St
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE ~~DOUGLAS D. REDDEN~~ ☒ DELETE

NAME ~~SECRETARY~~
STREET ADDRESS ~~751 EGRET BLUFF LN~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32211~~

TITLE ~~SECRETARY~~ ☒ DELETE

NAME ~~DOUGLAS D. REDDEN~~
STREET ADDRESS ~~751 EGRET BLUFF LN~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32211~~

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.

SIGNATURE:

James Lusk

2/23/98

389-0304

CR2E034 (10/97)