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

FILED
Aug 11 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 # P97000041535

1. Corporation Name

A & B PEST PREVENTION, INC.

AMENDED

Principal Place of Business	Mailing Address
611 PALOMAS AVENUE OCOEE, FL 34761	P O BOX 104 OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/07/1997

4. FEI Number: 59-3451017 ☐ 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

9. Name and Address of Current Registered Agent

KATHRYN O. BOYER
611 PALOMAS AVENUE
OCOEE, FLORIDA 34761

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KATHRYN O BOYER		1.2 NAME		
STREET ADDRESS	611 PALOMAS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change XX Addition
NAME			2.2 NAME	DAVID A. BOYER, SR	
STREET ADDRESS			2.3 STREET ADDRESS	611 PALOMAS AVENUE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ DELETE	3.1 TITLE	AV	☐ Change XX Addition
NAME			3.2 NAME	STEVEN C. BOYER	
STREET ADDRESS			3.3 STREET ADDRESS	611 PALOMAS AVENUE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ DELETE	4.1 TITLE	AV	☐ Change XX Addition
NAME			4.2 NAME	DAVID A. BOYER, II	
STREET ADDRESS			4.3 STREET ADDRESS	611 PALOMAS AVENUE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300002615263	
STREET ADDRESS			6.3 STREET ADDRESS	-08/13/98--01084--026	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

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: KATHRYN O BOYER Kathryn O. Boyer 7/29/98 407-877-8381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone number

CR2E034 (10/97)