

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90033 035 \*\*\*150.00

DOCUMENT # P97000047387

1. Corporation Name  
KEYSTONE PEST CONTROL, INC.



Principal Place of Business  
2223 NW 84 AVENUE  
SUNRISE FL 33313

Mailing Address  
2223 NW 84 AVENUE  
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 6550 NW 20 ST.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 190549  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
05/21/1997

4. FEI Number  
65-0757054  
Applied For  
Not Applicable

22 City & State  
23 Sunrise, FL

27 City & State  
28 Ft Lauderdale FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24 Zip 33313 25 Country USA

29 Zip 33319 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMARAIRE, SUSAN P  
2223 NW 84 AVENUE  
SUNRISE FL 33313

81 Name Susan P. Camaraire  
82 Street Address (P.O. Box Number is Not Acceptable)  
6550 NW 20 ST.  
83  
84 City Sunrise FL 85 Zip Code 33313

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 Susan Camaraire, Secretary Susan Camaraire  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/9/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CAMARAIRE, SUSAN P  
STREET ADDRESS 5600 SW 9 STREET  
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE D ☐ DELETE  
NAME CARMARAIRE, PAUL J  
STREET ADDRESS 5600 SW 9 STREET  
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE D ☐ DELETE  
NAME CAMARAIRE, RONALD L  
STREET ADDRESS 12274 NW 31ST STREET  
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE Susan Camaraire  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 9547425121  
Date Daytime Phone #

CR2E034 (11/98)