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FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047688 (1)

1. Corporation Name

PARADISE PEST MANAGEMENT, INC.

Principal Place of Business

5305 27TH STREET SW  
LEHIGH ACRES FL 33971

Mailing Address

5305 27TH STREET SW  
LEHIGH ACRES FL 33971

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0762281

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 10949 PARK AV.

Suite, Apt. #, etc.

22 City & State

23 BONITA SPRINGS FL

24 34135

25 LEE

2a. Mailing Address

26 10949 PARK AV.

Suite, Apt. #, etc.

27 City & State

28 BONITA SPRINGS FL

29 34135

30 LEE

9. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J  
6719 WINKLER ROAD  
SUITE 121  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

RALPH S. KIGHT

82 Street Address (P.O. Box Number is Not Acceptable)

1310 GRAMAC DR.

83

84 City

N. FT. MYERS

FL

85 Zip Code

33917

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

Ralph S. Kight

RALPH S. KIGHT

VICE PRESIDENT/DIRECTOR

3/25/98

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
ERICKSON, J. CHRISTIAN  
STREET ADDRESS  
5305 27TH STREET SW  
CITY-ST-ZIP  
LEHIGH ACRES FL 33971

TITLE ☒ DELETE

NAME  
D  
RUSSELLO, JOSEPH  
STREET ADDRESS  
4016 SE 1ST COURT  
CITY-ST-ZIP  
CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME  
D  
ERICKSON, CARMEN  
STREET ADDRESS  
5305 27TH STREET SW  
CITY-ST-ZIP  
LEHIGH ACRES FL 33971

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

D/V  
RALPH S. KIGHT  
1310 GRAMAC DR.  
N. FT. MYERS, FL 33917

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

P  
YVETTE M. WENTWORTH  
10949 PARK AV.  
BONITA SPRINGS, FL 34135

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:

Ralph S. Kight

RALPH S. KIGHT

3/25/98

(941)948-0006

CR2E034 (10/97)