

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

FILED

Feb 27 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 # **P97000057815 (7)**

1. Corporation Name
ORION PEST CONTROL, INC.



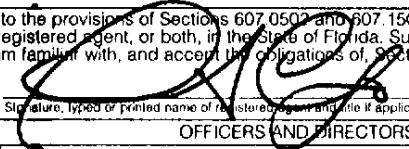
Principal Place of Business 16800 NW 72 COURT HIALEAH FL 33015	Mailing Address 16800 NW 72 COURT HIALEAH FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/01/1997	
4. FEI Number N/A		Applied For ☒ Not Applicable		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		8. \$5.00 May Be Added to Fees	

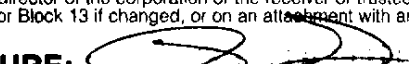
9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent 81 Name OMAR CAMERO 82 Street Address (P.O. Box Number is Not Acceptable) 16800 NW 72 CT 83 84 City HIALEAH FL 85 Zip Code 33015	
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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 signature required when reinstating) DATE **2/1/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE	NAME JAQUEZ, ZOILA STREET ADDRESS 16800 NW 72 COURT CITY-ST-ZIP HIALEAH FL 33015	1.1 TITLE ☐ Change ☐ Addition	1.2 NAME
TITLE ☐ DELETE	NAME OMAR CAMERO STREET ADDRESS 16800 NW 72 CT. CITY-ST-ZIP HIALEAH FL 33015	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE ☐ DELETE	NAME Carlos E VALLEJO STREET ADDRESS 19671 NW 82 CT CITY-ST-ZIP MIA FL 33015	2.1 TITLE ☐ Change ☐ Addition	2.2 NAME
TITLE ☐ DELETE	NAME Ramiro Gutierrez STREET ADDRESS 19670 NW 82 CT CITY-ST-ZIP MIA FL 33015	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	NAME	3.1 TITLE ☐ Change ☐ Addition	3.2 NAME
TITLE ☐ DELETE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	NAME	4.1 TITLE ☐ Change ☐ Addition	4.2 NAME
TITLE ☐ DELETE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	NAME	5.1 TITLE ☐ Change ☐ Addition	5.2 NAME
TITLE ☐ DELETE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	NAME	6.1 TITLE ☐ Change ☐ Addition	6.2 NAME
TITLE ☐ DELETE	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  DATE **2/1/98** **231-9000**

CR2E034 (10/97)