SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
A1 Sep 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

DOCUMENT # P97000057815

1. Corporation Name
ORION PEST CONTROL INC.

Principal Place of Business
19670 NW 82 CT
MIAMI FL 33015

Mailing Address
SAME.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/31/97

2. Principal Place of Business
21 19670 NW 82 CT

Suite, Apt. #, etc.
22

City & State
23 MIAMI FL

Zip 24 33015 Country 25 DADE

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number ☐ 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

OMAR CAMEJO
16800 NW 72 CT
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name RAMIRO GUTIERREZ
82 Street Address (P.O. Box Number is Not Acceptable) 19670 NW 82 CT.
83
84 City MIAMI FL 85 Zip Code 33015

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 RAMIRO GUTIERREZ DATE 9/4/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OMAR CAMEJO 16800 NW 72 CT MIAMI FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT. RAMIRO GUTIERREZ 19670 NW 82 CT (GUTIERREZ) MIA FL 33015	☒ Change ☒ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	[redacted] RAMIRO GUTIERREZ 19670 NW 82 CT MIA FL 33015	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[redacted] ZOILA TRAVER 19670 NW 82 CT MIA FL 33015	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ZOILA TRAVER 19670 NW 82 CT. MIA FL 33015.	☒ DELETE	31 TITLE S / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	MANUEL SOSA 19660 NW 82 CT MIA FL 33015	☐ Change ☒ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	CARLOS VALLEJO 19671 NW 82 CT MIA FL 33015.	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	600002644026 -09/21/98--01005--002 ***65.00	☐ Change ☐ Addition pc 9.17

CR2E034 (5/98)

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: 9/4/98 305725-0498