

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

DOCUMENT # P97000059007

1. Corporation Name

PROTECTION PEST CONTROL, INC.

Principal Place of Business

5400 GULF DRIVE
HOLMES BEACH FL 34217

Mailing Address

P O BOX 1034
HOLMES BEACH FL 34218
US

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90049 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

65-0767033

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 the current year Intangible
Personal Property Tax.

☒ Yes ☒ No

2. Principal Place of Business

21 5400 A Holmes Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

HOLMES BEACH FL

27 City & State

28 Zip

Country

24 34217

25 US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KENT, LEE
5400 GULF DRIVE
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81 Name

Robert H. Bishop

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

4909 GULF DRIVE # 3 B

83

84 City

Holmes Beach

FL

85 Zip Code

34217-1860

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

Robert H. Bishop III

Robert H. Bishop III

1/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ~~President~~ ☐ DELETE

NAME BISHOP, ROBERT H
STREET ADDRESS 4503 GULF DRIVE
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE D ☒ DELETE

NAME KENT, JON
STREET ADDRESS 219 - 84TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE D ☒ DELETE

NAME SLAVIN, GERRY
STREET ADDRESS 50 HOLTON AVENUE
CITY-ST-ZIP WOBURN MA 01801

TITLE D ☒ DELETE

NAME KENT, LEE M
STREET ADDRESS 219 - 84TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

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

1.2 NAME P.D
BISHOP, ROBERT H
1.3 STREET ADDRESS 4909 GULF DR # 3 B
1.4 CITY-ST-ZIP Holmes Beach FL 34217-1860

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

DATE

941-778-2848

Daytime Phone #

CR2E034 (1/1/98)