

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Moxham - Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000063015

1. Corporation Name: AAFORDABLE PEST SERVICE, INC.

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4520 PALM BEACH BOULEVARD, 22 FORT MYERS, FLORIDA, 23 33905, 24 USA

2a. Mailing Address: 26 POST OFFICE BOX 50488, 27 TICE, FLORIDA, 28 33905, 29 USA

3. Date Incorporated or Qualified: _____

4. FEI Number: 65-0775017

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

6. Election Campaign Financing: \$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: RICHARD SCOTT BARKER, 12699 NEW BRITTANY BOULEVARD, FORT MYERS, FLORIDA 33907

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.07(4) and 607.07(5)(b), 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 607.07(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	11 TITLE
	NAME		12 NAME
	STREET ADDRESS		13 STREET ADDRESS
	CITY, ST, ZIP		14 CITY, ST, ZIP
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	21 TITLE
	NAME		22 NAME
	STREET ADDRESS		23 STREET ADDRESS
	CITY, ST, ZIP		24 CITY, ST, ZIP
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE
	NAME		32 NAME
	STREET ADDRESS		33 STREET ADDRESS
	CITY, ST, ZIP		34 CITY, ST, ZIP
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE
	NAME		42 NAME
	STREET ADDRESS		43 STREET ADDRESS
	CITY, ST, ZIP		44 CITY, ST, ZIP
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE
	NAME		52 NAME
	STREET ADDRESS		53 STREET ADDRESS
	CITY, ST, ZIP		54 CITY, ST, ZIP
<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE
	NAME		62 NAME
	STREET ADDRESS		63 STREET ADDRESS
	CITY, ST, ZIP		64 CITY, ST, ZIP

PTD SEPIELLI, JOHN
POST OFFICE BOX 50488 (N/A)
TICE, FLORIDA 33905
VSD
R. SCOTT BARKER
POST OFFICE BOX 159 (N/A)
FORT MYERS, FLORIDA 33902

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***150.00

14. I, the undersigned, certify that the information provided in this 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: _____ DATE: 04.30.98

CR2E034 (10/97)