


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

FILED
Jul 08 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 # P97000066310
1. Corporation Name

FLORIDA PEST AND PLANT MANAGEMENT INC

Principal Place of Business Mailing Address
250 BUSINESS PARKWAY Suite 6
ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<u>250 BUSINESS PARKWAY</u>	26	<u>SAME</u>	<u>8-12-97</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	<u>Suite 6</u>	27	<u>SAME</u>	<u>65-0771815</u>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	<u>ROYAL PALM BEACH FL</u>	28	<u>SAME</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip <u>33411</u>	29	Zip <u>SAME</u>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country <u>US</u>	30	Country <u>SAME</u>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	<u>PAUL HOERNER</u>
82	Street Address (P.O. Box Number is Not Acceptable)	<u>10201 OSPREY TRACE South</u>
83		
84	City	<u>West Palm Beach FL</u>
85	Zip Code	<u>33412</u>

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 PAUL F. HOERNER PRES. Paul F. Hoerner 4/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<u>PRESIDENT - Pres.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<u>PAUL HOERNER</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>10201 OSPREY TRACE SOUTH</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>WEST PALM BEACH, FL 33412</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<u>Sec. Treasure</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>ANNIE L PEARSON</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>14116 WELLINGTON TRACE</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>WELLINGTON FL 33414</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<u>vice Pres.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<u>ALEX H HODGE</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>1471 HAWTHORNE DRIVE</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>WELLINGTON FL 33414</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<u>Vice Pres.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<u>WAYNE H HODGE</u>
STREET ADDRESS		4.3 STREET ADDRESS	<u>12592 88TH PLACE NORTH</u>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>WEST PALM BEACH FL 33412</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	<u>200002583882</u>
STREET ADDRESS		6.3 STREET ADDRESS	<u>-07/03/98--01018--014</u>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>***150.00</u>

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.