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FILED

Jan 21 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 # P97000066715 (8)

1. Corporation Name

PEST GUARD EXTERMINATING INC.

Principal Place of Business
4830 SE EBBTIDE AVENUE
STUART FL 34997

Mailing Address
4830 SE EBBTIDE AVENUE
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1997

4. FEI Number
65-0772306 ☒ 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

2. Principal Place of Business
21 4830 SE Ebbtide AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 3048
Suite, Apt. #, etc.

23 City & State
Stuart FLA.
Zip Country

27 City & State
Stuart FLA.
Zip Country

24 34997 25 Martin

29 34995 30 Martin

9. Name and Address of Current Registered Agent

PIERCE, ROBERT E
4830 SE EBBTIDE AVENUE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PIERCE, ROBERT E
STREET ADDRESS 4830 SE EBBTIDE AVENUE
CITY-ST-ZIP STUART FL 34997

TITLE D
NAME PIERCE, MICHELLE
STREET ADDRESS 4830 SE EBBTIDE AVENUE
CITY-ST-ZIP STUART FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Robert E. Pierce* SIGNATURE REQUIRED

1-6-98

561-221-2138

CR2E034 (10/97)