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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066715 (8)

## **FILED** Jan 21 1998 8:00am Secretary of State

PESIC	SUARU EXTERMINATING IN	Ú•						
		44.77			<u> </u>	4110 11110 BILLI (1883)	,	
Principal Place of Business Mailing Address								
4830 SE EBBTIDE AVENUE 4830 SE EBBTIDE AVENUE STUART FL 34997 STUART FL 34997								
					DO NOT WRITE IN	THIS SPACE		
					3. Date incorporated or Qualified 07/30/1997			]
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	X	Applied For	]
27 4830 SE Ebhide AVE 26 P.O Boy 3049					65-0772306		Not Applicable	]
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		5 Additional Required	
City & State City & State				<del></del>	6. Election Campaign Financing		OO May Be	┪
23 Stuart FIA. 28 Stuart			FIA	. •	Trust Fund Contribution		ed to Fees	
Zip	Country	Z <sup>l</sup> p	Countr	У	8. This corporation owes or has paid to	he current year	Intangible	1
24 3499	17 25 MARTIN	29 34995	30 MA	HTtin	Personal Property Tax due June 30.	·	□ No	
	<ol><li>Name and Address of Curren</li></ol>				10. Name and Address of New Regist	tered Agent		]
PIE	RCE, ROBERT E		81	Name	ŀ			ł
4830 SE EBBTIDE AVENUE				Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del>	1
510	UART FL 34997		83	3 -				4
			84	l City	t t	85 Zi	ip Code	┨
			}	" "		FL ! I		
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the abov authorized b	ve-named cor by the corpora	poration submits this statement for the purpation's board of directors. I hereby accept the	ose of changing le appointment	g its registered as registered	ì
ì	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	£\$.	1			
SIGNATURE	Signature, typed or printed name of registered ager	x and title if applicable. (NOTF	: Registered Ag	ent signature requ	ired when reinstating)	DATE		-
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			6/
TITLE	D	DELETE	1.1 TITLE			Chang	ge 🔲 Addition	]2
NAME	PIERCE, ROBERT E		1,2 NAME					F034
STREET ADDRESS			1.3 STREE	T ADDRESS				먎
CITY-ST-ZIP	STUART FL 34997		1.4 CUY-	ST-ZIP				18
TITLE	D	DELETE	2.1 TITLE		1.7	Chang	ge 🔲 Addition	C
NAME	PIERCE, MICHELLE		2.2 NAME	1				
STREET ADORESS	4830 SE EBBTIDE AVENUE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY	ST-ZIP				]
TITLE		DELETE	3.1 TITLE			Chang	je 📙 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			,	ĺ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				1
TITLE		DELETE	4.1 TITLE			L Chang	ge L. Addition	1
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	\$T-ZIP				ļ
TITLE		DELETE	5.1 TITLE	}		L Change	je L_1 Addition	
NAME			5.2 NAME				ı	
STREET ADDRESS				T ADDRESS			l l	Į
CITY - ST - ZIP			5.4 CITY - 1	ST-ZIP				1
TITLE		L DELETE	6.1 TITLE	1	•	L. Change	e L Addition	
NAME			6.2 NAME	J			l l	
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-					ļ
I 14. I bereby c	ertity that the information supplied wit	in this tiling does not qualify fo	r the exemi	otion stated in	Section 119,07(3)(i), Florida Statutes, I furth	ner certify that the	ne information	i

Indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 119.0/(3)(i), Plorida Statutes. I further certify that the Informatic 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.