

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90094 033 ***150.00

DOCUMENT # P97000072233

1. Corporation Name
KNOWLEDGE PEST MANAGEMENT, INC.

Principal Place of Business
15 N. ATLANTIC AVE., UNIT 105
COCOA BEACH FL 32931

Mailing Address
15 N. ATLANTIC AVE., UNIT 105
COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1997

4. FEI Number
59-3496053

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

2a. Mailing Address

21 5600 N. BANNANA RIVER DR.

Suite, Apt. #, etc.

22 Suite - 19

Suite, Apt. #, etc.

23 Cocoa Beach, FL

City & State

24 32931 25 U.S.A.

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRK, THOMAS
15 N. ATLANTIC AVE., UNIT 105
COCOA BEACH FL 32931

81 Name Kirk Thomas

82 Street Address (P.O. Box Number is Not Acceptable)
5600 N BANNANA RIVER DR

83 Suite - 19

84 City Cocoa Beach FL 85 Zip Code 32931

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

Thomas J. Kirk - P Thomas J. Kirk Pres

DATE

1-24-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME KIRK, THOMAS
STREET ADDRESS 15 N. ATLANTIC AVE., UNIT 105
CITY-ST-ZIP COCOA BEACH FL 32931

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Thomas J. Kirk THOMAS J. KIRK

Date

Daytime Phone #

1-24-99

407-799-0782

CR2E034 (11/98)