


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

FILED  
May 06 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 # P97000073780 (3) 1. Corporation Name CRAIG PEST SERVICES COMPANY		



Principal Place of Business 3141 SE PRUITT ROAD PORT ST LUCIE FL 34952-5910	Mailing Address 3141 SE PRUITT ROAD PORT ST LUCIE FL 34952-5910
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1678 SE Chello Ln Suite, Apt. #, etc. 22 Port St Lucie, FL City & State 23 Zip 34983 Country USA		2a. Mailing Address 26 1678 SE Chello Ln Suite, Apt. #, etc. 27 Port St Lucie, FL City & State 28 Zip 34983 Country USA		3. Date Incorporated or Qualified 10/01/1997	
4. FEI Number 65-0780432		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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			
9. Name and Address of Current Registered Agent MCDANIEL, CRAIG I 3141 SE PRUITT ROAD PORT ST LUCIE FL 34952-5910				10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1678 SE Chello Ln	83	84 City Port St Lucie	85 Zip Code FL 34983
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, CRAIG I	1.2 NAME	
STREET ADDRESS	3141 SE PRUITT ROAD	1.3 STREET ADDRESS	1678 SE Chello Ln
CITY-ST-ZIP	PORT ST LUCIE FL 34952-5910	1.4 CITY-ST-ZIP	Port St Lucie, FL 34983
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JENNY L	2.2 NAME	
STREET ADDRESS	3141 SE PRUITT ROAD	2.3 STREET ADDRESS	1678 SE Chello Ln
CITY-ST-ZIP	PORT ST LUCIE FL 34952-5910	2.4 CITY-ST-ZIP	Port St Lucie, FL 34983
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Craig I McDaniel 4/23/98 (121) 570-7749

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