

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90147 004 ***150.00

DOCUMENT # P97000100088

1. Corporation Name

A-1 NATURAL PEST CONTROL, INC.

Principal Place of Business

4700 HIATUS ROAD
SUITE 151-D
SUNRISE FL 33351

Mailing Address

4700 HIATUS ROAD
SUITE 151-D
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1997

4. FEI Number

65-0803313

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

21 1236 NW 125 Ter
Suite, Apt. #, etc.

22 Sunrise
City & State

23 Florida
Country

24 33323 25 USA
Zip

2a. Mailing Address

26 1236 NW 125 Ter
Suite, Apt. #, etc.

27 Sunrise
City & State

28 Florida
Country

29 33323 30 USA
Zip

9. Name and Address of Current Registered Agent

MCCRILLIS, THERESA H
2329 SW 82 WAY
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name McCrillis, Theresa H.

82 Street Address (P.O. Box: Number is Not Acceptable)

83 8733 SW 15 ST

84 City Davie

85 FL 33325
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

Theresa H. McCrillis, President

4-22-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCCRILLIS, THERESA H
STREET ADDRESS 2329 SW 82 WAY
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE V ☐ DELETE

NAME GULKIS, MERI B
STREET ADDRESS 2329 SW 82 TERRACE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME McCrillis, Theresa H
1.3 STREET ADDRESS 8733 SW 15 ST
1.4 CITY-ST-ZIP Davie FL 33325

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Gulkis, Meri B
2.3 STREET ADDRESS 1236 NW 125 Ter
2.4 CITY-ST-ZIP Sunrise, Florida 33323

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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: Theresa H. McCrillis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 954-722-6154
Date Daytime Phone #

CR2E034 (11/98)

0313145