


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90052 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b> 	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000035271</b> 1. Corporation Name <b>CARDINAL PEST CONTROL, INC.</b>	



Principal Place of Business 9242 SONIA STREET ORLANDO FL 32825	Mailing Address 9242 SONIA STREET ORLANDO FL 32825
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>331 STERLING LAKE DR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 908</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/16/1998</b>	
22 City & State 23 <b>OCOE FL</b>		27 City & State 28 <b>CLARCONA FL</b>		4. FEI Number <b>59-3505306</b>	
24 <b>34761</b> 25 <b>ORANGE</b>		29 <b>32710</b> 30 <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>OCOE FL</b>		28 <b>CLARCONA FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 <b>34761</b> 25 <b>ORANGE</b>		29 <b>32710</b> 30 <b>ORANGE</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ZWEYDOFF, CHARLES F</b> <b>3000 S. CLARCONA ROAD</b> <b>APARTMENT 358</b> <b>APOPKA FL 32703</b>		10. Name and Address of New Registered Agent 81 Name <b>JAMES R HILLERICH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>331 STERLING LAKE DR</b> 83 84 City <b>OCOE</b> FL 85 Zip Code <b>34761</b>	
---	--	--	--

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 **JAMES R HILLERICH** *James R Hillerich* **2-22-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CHARLES ZWEYDOFF</b> <b>3000 S. CLARCONA RD UNIT 358</b> <b>APOPKA FL 32703</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JAMES R HILLERICH</b> <b>331 STERLING LAKE DR</b> <b>OCOE FL 34761</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James R Hillerich* **JAMES R HILLERICH** **2-22-99** (407) 298-6005  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)