

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

DOCUMENT # P98000094621

1. Corporation Name  
RESCOM PEST CONTROL, INC.

Principal Place of Business

14831 SE 30TH ST.  
MORRISTON FL 32668

Mailing Address

P. O. BOX 830603  
OCALA FL 34483

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

06-01-1999 90028 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1998

4. FEI Number

59-3561353

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 5440 S.E. 29th Place  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 Ocala, FL

27 City & State

28 City & State

24 Zip 34471 25 Country USA

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

DEPEW, DONALD A  
14831 SE 30TH ST.  
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name DEPEW, DONALD A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
5440 Apt C S.E. 29th Place  
83  
84 City Ocala, FL 85 Zip Code 34471

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 reappointing)

5-31-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DEPEW, DONALD A  
STREET ADDRESS 8 CEDAR TRACE TERR.  
CITY-ST-ZIP Ocala FL 34472

TITLE D  
NAME HOMAN, JAN J  
STREET ADDRESS 14831 SE 30TH ST.  
CITY-ST-ZIP MORRISTON FL 32668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-P  
1.2 NAME DEPEW, DONALD A  
1.3 STREET ADDRESS 5440 C S.E. 29th Place  
1.4 CITY-ST-ZIP Ocala, FL

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

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

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

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

6.1 TITLE  
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: Donald A. Depew Registered Agent 5-31-99 352-6240110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)