

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098041

Corporation Name

BAR-LAW PEST CONTROL, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 016 ***150.00



Principal Place of Business

1109 PEKOE TERRACE
WELLINGTON FL 33414

Mailing Address

13109 PEKOE TERRACE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

4. FEI Number

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. ☐ Yes ☐ No

Principal Place of Business

13109 Pekoe Terr

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

25 Palm Beach

City & State

28 Same

Zip

29 Same

Country

30 Same

9. Name and Address of Current Registered Agent

LAWLEY, JON
13109 PEKOE TERRACE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

| | | |
|-------------|---------------------|---------------------------------|
| E | D | <input type="checkbox"/> DELETE |
| AE | LAWLEY, JON | |
| EET ADDRESS | 13109 PEKOE TERRACE | |
| AST-ZIP | WELLINGTON FL 33414 | |
| E | | <input type="checkbox"/> DELETE |
| AE | | |
| EET ADDRESS | | |
| AST-ZIP | | |
| E | | <input type="checkbox"/> DELETE |
| AE | | |
| EET ADDRESS | | |
| AST-ZIP | | |
| E | | <input type="checkbox"/> DELETE |
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| AST-ZIP | | |
| E | | <input type="checkbox"/> DELETE |
| AE | | |
| EET ADDRESS | | |
| AST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

583430-90016-16
998000098041

Bar-Law Pest Control Inc.
13109 Pekoe Terrace
Wellington Florida 33414-7947
June 30, 1999

Florida Department of State
Florida Department of State
Division of Corporations
P O box 6327
Tallahassee Florida 32314

To Whom It May Concern:

I am writing to request the abatement of all penalties for filing a late annual report. I was not aware of the return being delinquent until I received the second notice in the mail today. I did not receive the first notice of the tax due nor the actual return.

I am thanking you in advance for your assistance in this matter. I am enclosing the original filing fee of \$ 150.00. To cover the annual filing fee.

Sincerely,
Jon Lawley