## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$15301

(2)

1. Corporation Name

COOK PEST CONTROL SERVICES, INC.

Principal Place of Business

3704 ANVERS BLVD

JACKSONVILLE FL 32210

2. Principal Place of Business

21

Suite Act, if etc.

Suite Act, if etc.

PHONOCHAIL	LE FL 32210		JAC	NOUNVILLE FL 32	21U						
	***************************************						Date Incorporated or Qualified     11/27/1990	3a. Date <b>06</b>	of Last / <b>15/1</b>	•	
	ace of Business			iling Address				4. FEI Number			Applied For
21		26	<b></b>			59-3005416			Not Applicable		
Suite, Apt. #, etc.			27 Su	Suite, Apt. #, etc.			5. Certificate of Status Desired			<b>5</b> Additional e Required	
City & State	В		Cit	y & State				6. Election Campaign Financing		\$5.	00 May Be
23			28					Trust Fund Contribution			led to Fees
Ζ <sub>ι</sub> ¢ι		Country	Zip	1		ıntry		8. This corporation has liability for		. under	s 199.032,
24	25		[29]		30	r			□ No		
	9, Name an	d Address of Curre	ent Registere	a Agent		81	Name	10. Name and Address of New F	legistered A	gent	
0004				0.	INAITE						
	KENNETH SR				82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)			
	NVERS BLVD				83						
JAUKSU	ONVILLE FL 32	22 IU				53					
						84	City			85 2	Zip Code
				region a region arms the stages when we		ll		ation submits this statement for the pu	<u> </u>	<u> </u>	
familiar wit	th, and accept ti	o, in the State of Fid ne obligations of, Se nlod name of regreered ag-	otion 607.050:	5, Florida Statutes	i.		oration's boar	rd of directors. I hereby accept the app		egistere	ed agent. I am
12.	pignitruiti, typic or fa		ND DIRECTOR		13.	1 Agen	it signature required	ADDITIONS/CHANGES TO OFF	DATE CEDS AND I	OIDECT	ODC IN 12
TITLE	P	0,,,0,,,0,,	10.10.0	DELETE	1.11	IHE		ADDITIONS/CITANGES TO OTT		) Change	
NAME	COOK, KE	NNETH			1.2 N				L-	, change	
STREET ADDRESS	3704 ANVI						ADDRESS				
CITY-ST-ZIP	JACKSON						I-ZiP				
TITLE				DELETE	2.17		11 - 21			Change	Addition
NAME					22 N				<b>L</b>		LJ
STREET ADDRESS	]				235	IREET	AUDRESS				
CITY-S1-ZIP							I - 71P				
TITLE	<b>†</b>			DELETE	3.17					Change	E
NAME	İ			_	3.2 N	AME			_	-	
STREE1 ADDRESS					3.3. S	18561	I ADDRESS				
CITY-ST-ZIP							1-7IP				
TITLE				DELETE	4.11				Ĺ	Change	Addition
NAME					4.2 N	AME				-	
STREET ADDRESS	1				4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP					1		I-7IP				
TITLE				DELETE	5.11					Criange	Add tion
NAME					5.2 N	AME					
STREET ADDRESS	1				5.3 S1	TREET	ADDRESS				
CITY-ST-ZIP	1				5 4 C	IIY-S	1-2IP				
TITLE				[] DELETE	6 1 1					Change	Add tion
NAME					6.2 N	AME					
STREET ADDRESS					638	TREET	ADORESS				
CITY-S1-ZIP					640	IIY-S	T-2IP				

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change I, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/96 74428 Y