

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S17576** (7)

1. Corporation Name

FLORIDA PEST CONTROL SERVICE, INC.



Principal Place of Business

Mailing Address

~~501 MORRIS ST~~
~~TAMPA FL 33606-9265~~

~~501 MORRIS ST~~
~~TAMPA FL 33606-9265~~

2. Principal Place of Business

21 **501 Highland Ave.**

Suite, Apt. #, etc.

22 City & State

23 **Seffner FL**

Zip

24 **33584**

Country

25 **Hillsborough**

2a. Mailing Address

26 **P.O. 336**

Suite, Apt. #, etc.

27 City & State

28 **Mango FL**

Zip

29 **33550**

Country

30 **Hillsborough**

3. Date Incorporated or Qualified

11/29/1990

3a. Date of Last Report

05/12/1995

4. FEI Number

59-3049962

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

201 E. DAVIS BLVD.

83

84 City

TAMPA

FL

85 Zip Code

33606

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 person authorized to file this statement

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
FORSYTHE, DALE E.**
STREET ADDRESS **P.O. BOX 271422 N/A**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VD
GORDON, EDWARD**
STREET ADDRESS **P.O. BOX 271422 N/A**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **STD
GANCEDO, PATRICIA**
STREET ADDRESS **P.O. BOX 271422 N/A**
CITY-ST-ZIP **TAMPA FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 or changed on an attachment with an address.

SIGNATURE:

Patricia Gancedo **PATRICIA Gancedo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96 (813) 684-5652

CR2E034 (12/95)