


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 517576 1. Corporation Name FLORIDA PEST CONTROL SERVICE, INC.			
Principal Place of Business 501 HIGHLAND AVE. SEFFNER, FL 33584		Mailing Address	
2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 ---	
22 Suite, Apt. #, etc. ---		27 Suite, Apt. #, etc. ---	
23 City & State ---		28 City & State ---	
24 Zip --- Country ---		29 Zip --- Country ---	
25 ---		30 ---	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name CLIFTON A. LIVINGSTON	
		82 Street Address (P.O. Box Number is Not Acceptable) 301 EAST 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 Clifton A. Livingston DATE 4/29/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PRESIDENT / DIR. <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME EDWARD GORDON		1.2 NAME	
STREET ADDRESS 501 HIGHLAND AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP SEFFNER FL 33584		1.4 CITY-ST-ZIP	
2. TITLE SECRETARY <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PATRICIA GANCEAO		2.2 NAME	
STREET ADDRESS 501 HIGHLAND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP SEFFNER, FL 33584		2.4 CITY-ST-ZIP	
3. TITLE VICE-PRESIDENT <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RONALA S. GORDON		3.2 NAME	
STREET ADDRESS 501 HIGHLAND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP SEFFNER, FL. 33584		3.4 CITY-ST-ZIP	
4. TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6. TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address			
SIGNATURE: Edward Gordon PRESIDENT , 4/29/97 (813) 684-5652 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (12/95)