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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # S28498 (1)

1. Corporation Name
SOUTHWEST FLORIDA BUG BUSTERS PEST ELIMINATION S ERVICES, INC.

Principal Place of Business	Mailing Address
13300-17 S. CLEVELAND AVE. SUITE #212 FT. MYERS FL 33907 US	13300-17 S. CLEVELAND AVE. SUITE #212 FT. MYERS FL 33907 US

3. Date Incorporated or Qualified: 01/31/1991
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business	2a. Mailing Address
21 5860 ENTERPRISE PK	26 5860 ENTERPRISE PK
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft Myers FL	City & State 28 Ft Myers FL
Zip 24 33905 Country 25 Lee	Zip 29 33905 Country 30 Lee

4. FEI Number: 65-0240132 ☐ 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

9. Name and Address of Current Registered Agent

CARLTON, JOHN R
18500 BRADENTON ROAD
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: DiLorenzo Rocco
82 Street Address (P.O. Box Number is Not Acceptable): 309 SE 24 Pl St
83 CAPE CORAL
84 City FL 85 Zip Code 33990

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: Rocco DiLorenzo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CARLTON, JOHN R 18500 BRADENTON ROAD FORT MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES DiLORENZO ROCCO 5860 ENTERPRISE Ft myers FL 33905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EHLERT, PAUL 1147 S.W. 39TH ST CAPE CORAL FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUTHILL, LYNN 1258 MIAMI RD S FT MEYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAIGE, BRETT 18597 SEBRING RD FT MYERS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE Rocco DiLorenzo 4697 941 694 5525