

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S40684** (0)

1. Corporation Name

ALL PEST POLICE, INC.

Principal Place of Business

**10918 WILES RD
CORAL SPRINGS FL 33076**

Mailing Address

**10918 WILES RD
CORAL SPRINGS FL 33076**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

**KONIGSBERG, N. SANDY
9900 W SAMPLE RD
SUITE 400
CORAL SPRINGS FL 33065**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.011(1) and 607.11(1)(a), 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. The entity, except the appointing or registered agent, cannot file with, and accept the obligations of, Section 607.011(1)(a), Florida Statutes.

SIGNATURE

1. Signature of the person filing this report

2. Signature of the person filing this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KESSLER, BARBARA	
STREET ADDRESS	5163 NW 58 TERR	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this filing 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report on an attached schedule as indicated.

SIGNATURE:

Barbara J. Kessler
SIGNATURE AND TYPE YOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara J. Kessler

4-23-96

954-733 7333

CR2E034 (12/95)