FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90071 043 ***158.75

DOCU 1. Corporation	MENT # S52632					
	NS PEST CONTROL INC.					
GANDER	43 FEST CONTROL INC.	•		\$ 10071010 101 SILLO SIDIO ALLOS ILLOS (SIDIO ALLOS)	ALBIE DEDIE ALBEE DIREC	CIDII IDAI
		ر به این				
Principal Plac	e of Business	Mailing Address		I (Mariata da altra libra anta itua da) aran	,	
771 NORTHLAKE BLVD. 771 NORTHLAKE BLVD.						
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3340			08	DO NOT WRITE IN THIS	· CDACE	
US			•	3. Date Incorporated or Qualifed	SFACE	
				05/13/1991	·———	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applie	
21		26		65-0264438		pplicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8:75 Add Fee Requi	
22	· · · · · · · · · · · · · · · · · · ·	27				
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 Ma	
23		28 7in	Country	Trust Fund Contribution	Added to F	ees
Zip	Country	Zip 33	- ´	8. This corporation owes the current year In	tangible Yes	
24	25		J\	Personal Property Tax. 10. Name and Address of New Registered	<u> </u>	7-
81 Name 1						
CORRENTE JOHN					orrent	
242 WENONAH PLACE 82 Street Address				Iress (P.O. Box Number is Not Acceptable)		
W PALM BCH. FL 33405				THE WOLLDWINGE BUT		
		North Palm Beh FL	_ 85 Zip Cod	ine l		
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.						
_	In ramiliar with, and accept the obligation	Oa - N	Seborah	Corrente	3/11/19	9
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re	aguired when reinstating) DATE	DVIOLA	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	P	☐ DELETE	1,1 TITLE		Change	☐ Addition (
NAME	CORRENTE, JOHN		1.2 NAME	Later Right	•	
STREET ADDRESS	242 WENONAH PL		1.3 STREET ADDRESS	771 NORTH PARE BIOCK	(/2 [
CITY-ST-ZIP	W PALM BCH FL 33405		1.4 CITY-ST-ZIP	771 NORTH Lake Blud North Palm Beach, Fl	<u> 33408</u>	
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE	1	☐ DELĒTE	3.1 TITLE	•	☐ Change	Addition
NAME			3.2 NAME			ĺ
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CITY-ST-ZIP			3.4. CITY-ST-ZIP			
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) TITLE	}	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	}		5.2 NAME	**		·
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TITLE		☐ DELETE	6.1 IFILE 6.2 NAME	•	☐ Change	Addition
I MARKE "	1		= DZ NAME			- 1

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNAM R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR