SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTA

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF

FILED Aug 08 1997 8:00am Secretary of State

	1997	DIVISION OF CC	DRPORETIONS		J
	MENT # S67050 LE PEST CONTROL & TERM	` '			
) I A B () B A B A B A B A B A B A B A B A B A B	AN ANDIN BURN BURN BURN BURN BURN BURN YARI
Detector of Disc	- 4 D	M. T Add			
Principal Plac		Mailing Address			
1492 8 MISSO CLEARWATER		1492 S MISSOURI AVE CLEARWATER FL 34616		l l	
				ļ.————————————————————————————————————	E IN THIS SPACE
ļ				3. Date Incorporated or Qualified 07/18/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	04/26/1996 Applied For
21 Sem	ninole Pest Control	26		59-3074171	Not Applicable
Sult 2 69	5 Gunset Point Rd.	SuiSeth Indie P	est Control	5. Certificate of Status Desired	\$8.75 Additional
City & State	arwater, FL 34619 (813) 797-6568	27 2695 Sunse	t Point Rd.		Fee Required
23	(o.e, /e. 0000	(813) 79	7-6568	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25	29 3	0	Personal Property Tax due Jun	
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
NABUZNI KAHEN				aren /labors	ny .
1492 S MISSOURI AVENUE B2 Street Addres CLEARWATER FL 34616				dress (P.O. Box Number is Not Accepta	the ARM
CLEARWATER FL 34616			B3 00	43 Server 1	and have
			84 City	ruales Tla.	lest 7's Code
			84 City		FL 85 Zip Code 89
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.					
agent. I a	im familiar with, and accept the obligat	ions of Section 607.0505, Flori	da Statutes.	01 /	7-11-07
SIGNATURE	Signature, typed or provided name of registered agent		Registered Agent signature rec	Marca)	7-21-97
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFF	
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	NABOZNY, FRANK		1.2 NAME		
STREET ADORESS	1492 S. MISSOURI AVE.		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	CLEARWATER FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	DVS NABOZNY, KAREN	[1] percit	2 1 TITLE 2 2 NAME		C cusulds
STREET ADDRESS	1492 S. MISSOURI AVENUE		2.3 STREET ADDRESS		\
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME (3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3 4. CITY-ST-ZIP		Change Addition
TITLE NAME		□ btreit	4.1 TITLE 4.2 NAME		C Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	• • •		4.4 CITY - ST - ZIP		İ
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	10	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		j
CITY_ST_7IP			6 4 CITY - ST / ZIP		· · · · · · · · · · · · · · · · · · ·

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 logal effect as if made under eath; 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.