FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 13 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name S67050 SEMINOLE PEST CONTROL & TERMINATORS, INC. Principal Place of Business Mailing Address **MSEMINOLE PEST CONTROL MSEMINOLE PEST CONTROL** 2695 SUNSET POINT RD 2695 SUNSET POINT RD DO NOT WRITE IN THIS SPACE CLEARWATER FL 34619 CLEARWATER FL 34619 3. Date Incorporated or Qualified 07/18/1991 2a. Mailing Seminole Pest Control 4. FEI Number 2. Principal Place of Business Applied For 59-3074171 Not Applicable 21 26 Suite 2695 Sunset Point Rd. Clearwater, FL 33759 Suite, Seminole Pest Control \$8.75 Additional 5. Certificate of Status Desired 2695 Sunset Point Rd. Fee Required 27 City & State (813) 797-6568 City & **®learwater**, FL 33759 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution (813) 797-6568 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible M Yes □ Ño Personal Property Tax due June 30. 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NABOZNY KAREN 2695 SUNSET POINT RD 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34689** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 1 am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typins or preved house of registries agent and tile dupper abit (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TIFLE 1.1 TITLE Change Addition NAME NABOZNY, FRANK 1.2 NAME 1492 S. MISSOURI AVE. STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE DVS Change Addition TITLE 21 TITLE NABOZNY, KAREN 2.2 NAME NAME 1492 S. MISSOURI AVENUE STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 2 4 CITY - ST - ZIP DETETE 3.1 TITLE Change Addition TATL F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

14. Thereby 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in apged, prion an attachment with an address

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADORESS

5.3 STREET ADDRESS

5 4 CITY-ST-ZIP

64 CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

DELETE

KAREN NABOZHY

Change

Addition