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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S70515

(9)

DOCUMENT #
1. Corporation Name

ACE PI	EST CONTROL OF TAMPA,	INC.			
Principal Place	of Business	Mailing Address		3 10011010 014 40011 00101 01881 11003 0	lini Arbit Albit Bigit Bibit Bebit Bibit Ibbi
8808 VENTURE COVE SUITE 103 TAMPA FL 33637		8808 VENTURE COVE SUITE 103 TAMPA FL 33637			
US		US		 Date Incorporated or Qualified 08/02/1991 	3a. Date of Last Report 07/24/1995
 Principal Pl. 	ace of Business	2a. Mailing Address 26		4. FE! Number 59-3078753	Applied For Not Applicable
Suite, Apt.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Currer		. 1001	10. Name and Address of New Re	
777 SOL SUITE 21 TAMPA I	FL 33602		83 84 City (a)	ess (P.Box Number is Not Acceptable N. DE LECHO STRE	FL 85 Zip Code 334-00
or register	to the provisions of Sections 607.0503 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authori:	red by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	cose of changing its registered office intrent as registered agent. Fam
SIGNATURE ,	Sgilare : typed cripoped raile check donot age t	and the diagraphic the	Off - Registered Ages (Signature to pure	Lobert religiating:	DA16:
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	† 1 TI*LE		Change Addition
NAME	DAY, STEVE		1.2 NAME		
STREET ADDRESS	3104 THACKSEY COURT		13 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY - S* - 7-P		
TITLE	SVPD	DELETE	2 1 TIFLE		Change Addition
NAME	STOVER, WILLIAM 4213 ELBA PLACE		2 2 NAME		
STREET ADDRESS	VALRICO FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TDS	DELETE	2 4 C(TY - ST - Z-P) 3 1 T:TLF		Change Addition
NAME	STOVER, JEANNE		3.2 NAME		Change Addition
STREET ADDRESS	4213 ELBA		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		3.4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 ŠTRÉET ADDRESS		
CITY - ST - ZIP			4.4.0HY+S1+ZIF		
TITLE		DELETE	5 I Tille		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 City - ST - Zif-		
THTLE		DELETE	6 1 HILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY ST-ZIP		
	v certify that the information supplied i	with this force is voluntarily for	hished and does not qualify to	or the exemption stated in Section 110.0	7(3)(k) Florida Statutos 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 early that I am an officer or director of the corporation or the receiver or trusted or powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if of largest, or on so attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF PIGNING OFFICER OF DIRECTOR

5-15-96 813-932-325/