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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S77410

(6)

1. Corporation Name

BEST FUMIGATORS, INC.



Principal Place of Business
8120 N. ARMENIA AVENUE
TAMPA FL 33604

Mailing Address
8120 N. ARMENIA AVENUE
TAMPA FL 33604-2730

3. Date Incorporated or Qualified
09/03/1991

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

59-3077338

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONGIOVI, NANCY J.
2715 W. WOODLAWN AVENUE
TAMPA FL 33607

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME MONGIOVI, FERNANDO A.
STREET ADDRESS 2715 W. WOODLAWN AVENUE
CITY-ST-ZIP TAMPA FL

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP 33607

TITLE ☐ DELETE
NAME MONGIOVI, NANCY J.
STREET ADDRESS 2715 W. WOODLAWN AVENUE
CITY-ST-ZIP TAMPA FL

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP 33607

TITLE ☐ DELETE
NAME MONGIOVI, RICHARD W
STREET ADDRESS 2308 NORFOLK W.
CITY-ST-ZIP TAMPA FL

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 33604

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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.

SIGNATURE: Nancy J. Mongiovi Nancy J. Mongiovi 1-28-97 813-935-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)