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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

YOUNG	PEST CONTROL OF COA	STAL FLORIDA, INC.		
Principal Place	e of Business	Mailing Address		
2011 WEST PLATT STREET 2011 WEST PLATT STREE				
TAMPA FL 33606 TAMPA FL 33606				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/01/1991
2, Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-3087768</b> Not Applicable
		Suite, Apt. #, etc.		\$8.75 Additional
27				Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23	Country	28 7in	Country	Trust Fund Contribution
Zip	Country	Zip	O	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre		01	10. Name and Address of New Registered Agent
91 Name				
				ess (P.O. Box Number is Not Acceptable)
TAMPA FL 33606				PLATT STREET
IA	WIFA I E 33000		83	V-FIMIL DIRUST
			84 City	■■ 85 Zig Çode
•	•		TAMPA	FL   33606
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the state m familiar with, and accept in	Horida, Such change was au Jection 607.0505, Flori	da Statutes.	ion's poard of directors. Thereby accept the appointment as registered
SIGNATURE	~! UIIV			1-10-16
			Registered Agent's gnature require	
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition
TITLE	CD THOMAS B.I	ויין סבנרונ	1.1 TITLE 1.2 NAME	_ onungo _ nouncin
NAME	YOUNG, THOMAS R I		1.3 STREET ADDRESS	
STREET ADDRESS	2011 W PLATT ST Tampa fl		1.4 City-St-ZiP	
CITY-ST-ZIP TITLE	PD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARSON, DAVID C		2.2 NAME	
STREET ADDRESS	2011 W PLATT ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	
TITLE	I will for the	☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	410 1 1 1 1 1 1 1 1
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	4/23/25
STREET ADDRESS			5.3 STREET ADDRESS	11/7
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	00000245#281@hange OAddition
TITLE		רו מנונונ	6.1 TITLE	-03/25/9801076024
NAME			6.2 NAME 6.3 STREET ADDRESS	***1500.00
STREET ADDRESS				

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 trusted expowered 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 of the corporation of the corp

**FILED** 

Mar 25 1998 8:00am

Secretary of State