**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S92435**

1. Corporation Name

SEDCO PEST CONTROL CORPORATION

Principal Place of Business Mailing Address						<b>11</b> 11501 0514 0504 <b>616</b>	<b>  </b>	OLI EIBII FOOF
•		11181 S.W. 58TH TERR.						
MIAMI FL 33173 MIAMI FL 33173				DO NOT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qual		SPACE	
					11/06/1991	ileu		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Apr	olied For
	ace of Busiless	26			65-0322189		_ <del>-   - : :</del>	Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8,75 A		
22 27		•		5. Certifcate of Status Desire	d· 🗍 *	Fee Red		
City & State City & State				6. Election Campaign Finance	ing _	\$5.00	May Be	
23 28				Trust Fund Contribution	"" <sup>9</sup> 🗆	Added to	Fees	
Zip Country Zip		Countr	у	8. This corporation owes the	current year Intai			
24	25 29 30		30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of N	ew Registered A	gent	
****	ABELY IONIAGIA A		8	1 Nam	e ,			
TONARELY, IGNACIO C.			8:	2 Stree	et Address (P.O. Box Number is Not Acc	eptable)		
11181 S.W. 58TH TERRACE					· · · · · · · · · · · · · · · · · · ·			
MIAN	il FL 33173		8:	3	•			ì
			8	4 City			85 Zip C	ode
				-		FL_		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ve-name	ed corporation submits this statement for rporation's board of directors. I hereby a	the purpose of c	hanging its i ment as rec	registered   histered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	S.	poragon a board of directors. The oby d			,
SIGNATURE								
	Signature, typed or printed name of registered ag	<u> </u>	<del></del>	ent signatui	re required when reinstating)	DATE	N DIDEOTO	DC (N) 40
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	☐ Change	Addition
TITLE	DSP		1.1 TITLE		•			
NAME	TONARELY, IGNACIO C.		1.2 NAME		_			
STREET ADDRESS	7.10.1 0.11.1 0.11.1			ET ADDRES	S			Į.
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CiTY- 2.1 TITLE				Change	Addition
TITLE	DVT	- Detroit						
NAME	TONARELY, JOSE I.		2.2 NAME 2.3 STREET ADDR					,
STRÉET ADDRESS	11181 S.W. 58TH TERR.				1			-
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.1 TITLE	ST-ZIP ~			Change	Addition
TITLE			3.1 MAME					_
NAME		,			20			[
STREET ADDRESS				ET ADDRES	is			
CITY-ST-ŽIP		CT DELETE	3.4. CITY 4.1 TITLE		<del></del>	<u> </u>	Change	Addition
TITLE			4.2 NAM					
NAME					200			
STREET ADDRESS				ET ADDRES	55			
CITY-ST-ZIP TITLE			4.4 CITY-	51-ZP			☐ Change	
)		□ DELETE	51 TITLE					☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME					Addition
07DCC7 100CC44		☐ DELETE	5.2 NAME		ss			Addition
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STRE	ET ADDRES	is			Addition
CITY-ST-ZIP			5.2 NAME	ET ADDRES	is		Change	
ł		☐ DELETE	5.2 NAME 5.3 STRE 5.4 CITY-	ET ADORES ST-ZIP	18		Change	☐ Addition

CITY-ST-ZIP-14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRÉSS

**心深區 >ZE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90143 050 \*\*\*150.00