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Jan 16 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 # **S98300**

(4)

1. Corporation Name:

TEMPCO PEST CONTROL INC.

Principal Place of Business

**24331 PRODUCTION CIR
BONITA SPRINGS FL 33923**

Mailing Address

**P.O. BOX 1342
BONITA SPRINGS FL 34133-1342**

3. Date Incorporated or Qualified
12/04/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **27091 Old 41**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Unit 7**

Suite, Apt. #, etc.

27 City & State

City & State

23 **Bonita Springs**

City & State

28 Zip

24 **34135**

Country

25 **Lee**

Zip

29 Country

9. Name and Address of Current Registered Agent

**RYAN, JOHN E
17941 BERMUDA DUNES DR
FT MYERS FL 33912**

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **RYAN, JOHN E**
STREET ADDRESS **17445 LEBANON RD**
CITY - ST - ZIP **FT MYERS FL 33912**

TITLE **ST** ☐ DELETE

NAME **KRUSTA, DAVID E**
STREET ADDRESS **18550 ROSEWOOD RD**
CITY - ST - ZIP **FT MYERS FL 33912**

TITLE **V** ☐ DELETE

NAME **TEMPLE, CHARLES R**
STREET ADDRESS **24465 PRODUCTION CIR**
CITY - ST - ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Ryan, Michael P.**
1.3 STREET ADDRESS **17445 Lebanon Rd**
1.4 CITY - ST - ZIP **FT MYERS, FL 33912**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Michael P. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97 (941) 992-0027
Date Daytime Phone #

0410135

CR2E034 (9/96)