

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90142 026 ***150.00

DOCUMENT # S98300

1. Corporation Name

TEMPCO PEST CONTROL INC.

Principal Place of Business

10911 BONITA BEACH RD
2062
BONITA SPRINGS FL 34135
US

Mailing Address

P.O. BOX 1342
BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1991

4. FEI Number

65-0272657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME RYAN, MICHAEL P.
STREET ADDRESS 17445 LEBANON RD
CITY-ST-ZIP FT MYERS FL

TITLE ST
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 ☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME RYAN, MICHAEL P.
1.3 STREET ADDRESS 11115 LAKELAND CIRCLE
1.4 CITY-ST-ZIP FORT MYERS FL 33913

2.1 TITLE ST
2.2 NAME KRUSTA, DAVID E
2.3 STREET ADDRESS 18550 ROSEWOOD ROAD
2.4 CITY-ST-ZIP FORT MYERS FL 33912

3.1 TITLE
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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)