

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

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Feb 05 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 # V03056 (1)

1. Corporation Name  
THE PEST TERMINATOR OF NAPLES, INC.

Principal Place of Business  
6100 - 12TH AVENUE S.W.  
NAPLES FL 34109

Mailing Address  
6100 - 12TH AVENUE S.W.  
NAPLES FL 34116-4808



3. Date Incorporated or Qualified 12/30/1991  
3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

4. FEI Number 65-0304134  
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 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

WILLIAMS MCARTHUR  
6100-12TH AVE., S.W.  
NAPLES FL 34109  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code 34116

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, MCARTHUR			1.2 NAME			
STREET ADDRESS	6100 12TH AVENUE S.E.			1.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL 34116			1.4 CITY - ST - ZIP			34116
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TOLLETT, LARRY S. JR.			2.2 NAME			
STREET ADDRESS	5711-12TH AVE., S.W.			2.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL 34116			2.4 CITY - ST - ZIP			34116
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TOLLETT, KELLY			3.2 NAME			
STREET ADDRESS	5711-12TH AVE., S.W.			3.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL 34116			3.4 CITY - ST - ZIP			34116
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, BARBARA J.			4.2 NAME			
STREET ADDRESS	6100 12TH AVENUE S.E.			4.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL 34116			4.4 CITY - ST - ZIP			34116
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *M. S. Williams* 1-29-97 (941) 455-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)