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

**FILED PROFIT** Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2) FIRST PEST CONTROL, INC. Principal Place of Business Mailing Address 425 TROTTERS LANE **425 TROTTERS LANE** WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0305261 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 X Yes 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Degryse, Roger **425 TROTTERS LANE** Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33413** 83 84 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 (NOTI : Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.5 TITLE Change Addition **DEGRYSE, ROGER** 1.2 NAME **425 TROTTERS LANE** STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition DEGRYSE, CHRISTIAN NAME 2.2 NAME **425 TROTTERS LANE** STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition DEGRYSE, PAULA NAME 3.2 NAME **425 TROTTERS LANE** STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Change \_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 S REET ADDRESS CITY - ST-ZIP ry - St - ZIP DELETE TITLE 5.1 ... Change Addition NAME STREET ADDRESS EET ADDRESS 53 CITY-ST-ZIP - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the examption 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address Block 12 or Block 13 if changed) of

6.1

DELETE

TITLE

NAME STREET ADDRESS

NEVRUME

EET ADDRESS Y-ST-ZIP

4100 100

Change

Addition