

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0077523

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13315 (9)

1. Corporation Name

ALL AMERICAN PEST CONTROL OF PALM BEACH COUNTY,
INC.



Principal Place of Business

7125 GOLF COLONY COURT
#204
LAKE WORTH FL 33467
US

Mailing Address

P.O. BOX 19491
WEST PALM BEACH FL 33416
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1992

4. FEI Number

65-0312124

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SCHIFF, RICK
525 KIRK RD
104-F
WEST PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Rick Schiff

7125 Golf Colony Ct. #204

Lake Worth

FL

85 Zip Code
33467

10. Name and Address of New Registered Agent

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SCHIFF, RICK
STREET ADDRESS 525 KIRK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

[] DELETE

TITLE D
NAME SCHIFF, RICK
STREET ADDRESS 525 KIRK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

[X] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD [X] Change [] Addition

1.2 NAME Schiff, Rick

1.3 STREET ADDRESS 7125 Golf Colony Ct. #204

1.4 CITY-ST-ZIP Lake Worth, FL 33467

2.1 TITLE [X] Change [X] Addition

2.2 NAME Amy Schiff

2.3 STREET ADDRESS 7125 Golf Colony Ct. #204

2.4 CITY-ST-ZIP Lake Worth, FL 33467

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 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 recorder 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

Rick Schiff

Rick Schiff

8-1-98

561-641-2687

CR2E034 (5/98)