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

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90043 043 ***150.00

DOCUMENT # V15702

1. Corporation Name

DOVE PEST CONTROL INC

DOVETI	201 CONTROLINO		_			E ENDEN MINUNE ENDE DANN ZODEN MUNICH EIDE ALDER	BIBNI BIBNI BIBNI B	11 3 (1.816)) (8.8 1
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Principal Place		Mailing Address				4 (Måil åtika) libbi åliti faun anna man bien	ASBIS BIBIS ASBIS B	11811 WINI 1881
6288 93 TERR	•	6288 93 TERR N						
UNIT 4004		UNIT 4004						
PINELLAS PARK	(FL 33782	PINELLAS PARK FL 33782			DO NOT WRITE IN THIS	3 SPACE		
US		U\$				3. Date Incorporated or Qualifed 02/01/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3107524	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27			5. Certificate of Citatas Scotles	Fee Re		
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added	n Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	25		30			Personal Property Tax.		L1100
<u> </u>	9. Name and Address of Curre	int Registered Agent	. 81	Name		10. Name and Address of New Registered	1 Agent	
LHC.	AS, LARRY F.		*'	Name	_			
	93 TERR N		82	Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
	4004		83	 -				
	LLAS PARK FL 33782		03	']		•		·
, ,,,,	LEAD I AIN I E 30/02		84	City			85 Zip (Code
				L				ragistered
i office or r	anistered agent or both in the State	o of Florida. Such channe was all	ithorized by	the cor	o corpoi poration	ration submits this statement for the purpose of the board of directors. I hereby accept the appo	ointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes	3.	•	,		
SIGNATURE						when reinstation) DATE		
<u> </u>	Signature, typed or printed name of registered ag	<u> </u>		nt signatur	e required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	1PS IN 12
12.	PS OFFICERS A	ND DIRECTORS	13		Τ.	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	LUCAS, LARRY F.		1.2 NAME			•	<i>-</i> ,•	_
NAME	6288 93 TERR N #4004			T ADDRES				
STREET ADDRESS	PINELLAS PARK FL				<u>"</u>			
CITY-ST-ZIP	VT	DELETE	1.4 CITY-5 2.1 TITLE	SI • ZIP	+		☐ Change	Addition
TITLE	LUCAS, LORRAINE M.		2.2 NAME				 •	
NAME	6288 93 TERR N #4004			T ADORES		·		
STREET ADDRESS	1				۱"	•		
CITY-ST-ZIP	PINELLAS PARK FL	DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	+-		Change	Addition
TITLE		□ оссеть	3.2 NAME			•		_
NAME .				T ADDRES				
STREET ADDRESS	>		3.4. CITY-		<u> </u>	•		
C/TY-ST-ZIP		☐ DELETE	4.1 TITLE	UI-UF	+		Change	☐ Addition
NAME		—	4. 2 NAME					
STREET ADDRESS	,			TADORES	s			
	:		4.4 CITY-5		1			
CITY-ST-ZIP		DELETE	5.1 TITLE	<u> </u>	+-		Change	· Addition
NAME		,	5.2 NAME			•		
l				T ADDRES	s			4
STREET ADDRESS			5.4 CITY-			•		t
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		\top		Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	}		1	T ADDRES	s	•		
			6.4 C/TY-5					
CITY-ST-ZiP	I	_						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR