

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

FILED
May 12 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 # V16307 (3)
 1. Corporation Name
A. & B. PEST MANAGEMENT, INC.



Principal Place of Business
**17540 W COLONIAL DR
 WINTER GARDEN FL 34787
 US**

Mailing Address
**P.O. BOX 104
 OCOEE FL 34761-0104
 US**

3. Date Incorporated or Qualified
02/24/1992

3a. Date of Last Report
04/25/1996

4. FEI Number
59-3108938

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent
**GRIFFIN, BEN
 12 EAST MCKEY ST
 OCOEE FL 34761**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, JOE	
STREET ADDRESS	602 SULLIVAN AVE	
CITY-ST-ZIP	OCOEE FL	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	BOYER, KATHRYN	
STREET ADDRESS	611 PALOMAS AVE	
CITY-ST-ZIP	OCOEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOYER, DAVID	
STREET ADDRESS	611 PALOMAS AVE	
CITY-ST-ZIP	OCOEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ASST V.P.
4.3 STREET ADDRESS	STEVEN C. BOYER
4.4 CITY-ST-ZIP	611 PALOMAS AVENUE
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ASST V.P.
5.3 STREET ADDRESS	DAVID A. BOYER, II
5.4 CITY-ST-ZIP	611 PALOMAS AVENUE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OCOEE, FLORIDA 34761
6.3 STREET ADDRESS	
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)(l), 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 *KATHRYN O. BOYER* KATHRYN O. BOYER 407-877-8381

CR2E034 (9/96)