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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Morthan?

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

LEWIS I	PEST CONTROL, INC.							
Principal Place	of Business	Mailing Address			•	f 1881t Bliddh (1811 1888) (1110 1818) man alan	'I 81611 B1811 B1811	
604 6TH STREET N. P.O. BOX 1795 DUNDEE FL 33836 POST OFFICE BOX 1795						DO NOT WRITE IN THIS	SPACE	
US		DUNDEE FL 33838 US				3. Date Incorporated or Qualified		
		00				02/27/1992		
2, Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	- I A	plied For
21	-	26			59-3109515 - Not Applicable			
Suite, Apt. 1	W. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	•
23		28	Countr			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	У		This corporation owes or has paid the c Personal Property Tax due June 30.		angible No
24	25 Name and Address of Curre		30			10. Name and Address of New Registered		
	_ 	iii negistelea Agein	81	Name		ID. Harris and San		
	VIS, JERRY VERNON							·
604 - 6TH STREET NORTH			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
- DUI	NDEE FL 33838		83	+				
,			84	City		F	85 Zip	Code
agent. I a	to the provisions of Sections 607.05 agistered agent, or both, in the State framiliar with, and accept the oblig	Jations di, Section 607.0505, Flo	s, the above uthorized b rida Statute	ve-named by the cores.	d corpo poratio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		ts registered registered
SIGNATURE	Signature, typed or prufind name of registered as		Registered Ag	ent signatur	e require	d when reinstating) DATE		
12.	OFFICERS AN	VD DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	L DELETE	1 TITLE	1 TITLE			Change	Addition
NAME	Lewis, Jerry Vernon		1.2 NAME					
STREET ADDRESS	604 - 6TH STREET NORTH		1.9 STREE	I ADDRESS				
CITY-ST-ZIP	DUNDEE FL		1.4 CITY-	ST - ZIP	↓		1 0	Addition
TITLE	ST	☐ DELETE	2.1 TITLE				L Change	Addition
NAME	LEWIS, SHARON L.			2.2 NAME				
STREET ADDRESS	604 6TH STREET, NORTH		2.3 STREE	1 ADDRESS		·		
CITY-\$1-ZIP	<u>DUNDEE</u> FL	T NUTTE	2. 4 CITY	ST-ZIP	<u> </u>		Change	Addition
TITLE		DELETE	3.1 TITLE		1		THE CHANGE	- Montoon
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		 		Change	Addition
TITLE		L' DECERT	4.1 HILE 4. 2 NAME				change	
NAME .								
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 City- 5.1 Title	31-ZP	+		Change	☐ Addition
TITLE		pricit	5.2 NAME		1			
NAME OTOGET ADDRESS				T ADDRESS				
STREET ADDRESS			5.4 CHY-					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		 	***************************************	Change	Addition
			6.2 NAME				•	
NAME execut apopus				T ADDRESS	1			
STREET ADDRESS			9.3 STREE	. ADDITEGO				

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 each that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the compration 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 chapter 607, Florida Statutes are that my name appears in the same legal effect as if made under oath; that I am an officer or director of the compration 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 chapter 607, Florida Statutes are chapter for the same legal effect as if made under oath; that I am an officer or director of the compration of the receiver of trustee empowered to execute this report is true.

FILED

Jun 04 1998 8:00am

Secretary of State