FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V32091 (3)							
	RN PEST CONTROL, INC.	• •					
) III HAN OLD PROLEM	
Principal Place of Business Mailing Address						H IND DAN DIN DIN DIN DI	
11816 N 56TH STREET		11816 N 56TH STRE	11816 N 56TH STREET				
Suite B Temple Terrace FL 33617		SUITE B	SUITE B TEMPLE TERRACE FL 33617				
, CM, CL / C/1	1910E 1 E 99011	TEMPLE TERRACE F	L 33617		3. Date Incorporated or Qualified	3a. Date of Last	Report
2. Principal Place of Business		·			04/27/1992	04/27/19	995
21		2a. Mailing Address	[26]		4. FEI Number 59-3178278		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$R 7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired		Required
City & State		Crty & State			6. Election Campaign Financing	\$5.	00 May Be
Zip Country		28 Zip	Country		Trust Fund Contribution		ed to Fees
24 25		29	30		This corporation has liability for intangible tax under s 199 032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F		
			81	Name			
	WILLIAM E		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11816 N SUITE B	56TH STREET						
	TERRACE FL 33617		83				
I CHII CL	TEMPOETE 30017		84	City		FL 85 2	Ip Code
11. Pursuant t	o the provisions of Sections 607,050;	2 and 607.1508, Florida Stati	utes, the above	named corpor	ration submits this statement for the pur	·	registered office
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was author tion 607.0505, Flonda Statuti	rized by the corp es.	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as registere	ed agent. Fam
SIGNATURE							
12.	Signar no typeo or printed hare, of registered agen OFFICE DRIAN		NCTs: Registered Age	ri sigilarure recuire		DAIE	
TITLE	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFF		
NAME	KYSER, WILLIAM E.,		1.2 NAME			☐ Change	Addition
STREET ADDRESS 11816 N. 56TH ST., SUITE B			1 3 STREFT ADDRESS				
CITY-ST-ZIP TEMPLE TERRACE FL 33617			1.4 CITY - ST - ZiP				
THILE		DELETE	DELETE 2 + TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET	ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 City - S	iT - ZIP			
NAME		L] DELETE	DELETE 3 1 TALE			Change	Addition
STREET ADDRESS			33 STREET	(Annosec			İ
CITY-ST-7IP			34 CITY-S				
TITLE	DELETE		4 1 3 TLF			Change	Addition
NAME			4.2 NAME			s.m.g.	
STREET ADDRESS			43 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY - S	T-ZIP			
TOTLE	I		5 1 TIFLE			Change	Addition
NAME STREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET	!			
TITLE			5 4 CITY - S 6 1 TITLE	I · ZIP	T Chass		- I Addition
NAME			€ 2 NAME			☐ Change	☐ Addition
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP			64 COY - S	1 - ZIP			İ
14. I do hereby	certify that the information supplied the information indicated on this case	vito this filing is voluntarily fur	nished and does	not qualify fo	or the exemption stated in Section 119.0	07(3)(k), Florida Statu	tes. I further

To the post certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Late Daylor Price F