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Apr 30 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 # V34728

(8)

1. Corporation Name

CONTROL PEST MANAGEMENT, INC.

Principal Place of Business

160 PARK ROAD
OVIEDO FL 32765
US

Mailing Address

P. O. BOX 823
OVIEDO FL 32765
US

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

05/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 32762-0823 US

2a. Mailing Address

26 P.O. Box 620823

27 City & State

28 Oviedo, FL

29 Zip Country

30 32762-0823 US

4. FEI Number

59-3122419

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

NEEL, GLENN C
556 W PALM VALLEY DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name Neel, Glenn C.

82 Street Address (P.O. Box Number is Not Acceptable)
11630 Swift Water Circle

83 City, State, Zip

84 City Orlando, FL 85 Zip Code 32817

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEEL, GLENN C
STREET ADDRESS 556 W PALM VALLEY DR
CITY-ST-ZIP OVIEDO FL

TITLE D
NAME NEEL, AMANDA J
STREET ADDRESS 556 W PALM VALLEY DR
CITY-ST-ZIP OVIEDO FL

TITLE D
NAME VALENTINE, JOSEPH A
STREET ADDRESS 325 FLORIDA PARKWAY
CITY-ST-ZIP KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME Neel, Glenn C. Neel
13 STREET ADDRESS 11630 Swift Water Circle
14 CITY-ST-ZIP Orlando, FL 32817

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE D
32 NAME Valentine, Joseph A.
33 STREET ADDRESS 113 Augusta Circle
34 CITY-ST-ZIP St. Cloud, FL 34769

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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.

SIGNATURE: [Signature]

CR2E034 (9/96)