

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V37050** (4)

1. Corporation Name

PEST DEFENSE SYSTEMS OF SOUTHWEST FLA., INC.



Principal Place of Business

**3673 PROSPECT AVE.
NAPLES FL 33942
US**

Mailing Address

**3673 PROSPECT AVE.
NAPLES FL 33942
US**

3. Date Incorporated or Qualified
05/19/1992

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21 **5555 Taylor Rd**

Suite, Apt. #, etc.

City & State

23 **Naples**

Zip **FL**

Country

2a. Mailing Address

26 **5555 Taylor Rd**

Suite, Apt. #, etc.

City & State

28 **Naples**

Zip **FL**

Country

4. FEI Number

65-0333068

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

**GREGORY, C. N
NORTHERN TRUST BLD., SUITE 404
4001 TAMiami TRAIL NORTH
NAPLES FL 33940**

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 agent 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 and 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

Signature of Registered Agent required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MOLA, JOE**
STREET ADDRESS **8415 EXCALIBUR CIR B-5**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D MOLA, DAVID**
STREET ADDRESS **1738 SAN BERNADINO WAY**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D HALL, GORDON B JR**
STREET ADDRESS **500 OCEAN DR., APT. W80**
CITY-ST-ZIP **JUNO BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby 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, and 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]

3-28-96 941-594-7209