

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

FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V37050** (4)  
1. Corporation Name  
**PEST-DEFENSE SYSTEMS OF SOUTHWEST FLA., INC.**

Principal Place of Business <b>5555 TAYLOR RD NAPLES FL 34109 US</b>	Mailing Address <b>5555 TAYLOR RD NAPLES FL 34109 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/19/1992</b>	
				4. FEI Number <b>65-0333068</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GREGORY, C. N NORTHERN TRUST BLD., SUITE 404 4001 TAMiami TRAIL NORTH NAPLES FL 33940</b>				10. Name and Address of New Registered Agent 81 Name <b>David Mola</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2025 Laguna Way</b> 83 <b>Naples</b> 84 City <b>Naples</b> FL 85 Zip Code <b>34109</b>	
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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 *Mary Beth Mola* DATE **3/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOLA, DAVID J. 2025 LAGUNA WAY NAPLES FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President DAVID J. MOLA 2025 LAGUNA WAY Naples, FL 34109</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, GORDON B JR 500 OCEAN DR., APT. W8D JUNO BEACH FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>69 Catalopa Road Wilton CT 06897</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Diane Hall Jean 8 Alpine Road Greenwich CT 06830</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer Mary Beth Mola 2025 Laguna Way Naples, FL 34109</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Meredith Ann Hall 210 Stanwick Road Greenwich CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Dupon M. Hall 166 E 35th St New York NY 10016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 *Mary Beth Mola* DATE **3/14/98** 941-591 7202

CR2E034 (10/97)

**CORPORATE OFFICERS OF PEST DEFENSE SYSTEM  
OF SOUTHWEST FLA., INC.**

**President**  
Mola, David J.  
2025 Laguna Way  
Naples, FL 34109

**Vice President**  
Hall, Gordon B. Jr.  
500 Ocean Drive, W8D  
Juno Beach, FL 33408

**Secretary / Treasurer**  
Mola, MaryBeth  
2025 Laguna Way  
Naples, FL 34109

**ADDITIONS**

**Director**  
Juan, Diane Hall  
8 Alpine Road  
Greenwich, CT 06830

**Director**  
Hall, Gordon  
69 Catalpa Road  
Wilton, CT 06897

**Director**  
Hall, Meredith Ann  
210 Stanwich Road  
Greenwich, CT 06830

**Director**  
Hall, Dixon M. II  
166 E 35th Street  
New York , NY 10016