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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 01 1998 8:00am

Secretary of State

DOCUMENT # V40009 (5)ARMOR PEST CONTROL OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 3583-1 PALMETTO AVE PO BOX 5270 FT. MYERS FL 33916 SPRING HILL FL 34606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 211 Chunkiline 59-3138614 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent ☐ No Personal Property Tax due June 30. X Yes 30 10. Name and Address of New Registered Agent 81 Name CHRISAFULLE, RAYMOND J. 3593-1 PALMETTO AVE. 82 Street Address (P.O. Box Number is Not Acceptable) UNIT 2 83 FT. MYERS FL 33901 84 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE CHRISAFULLE, RAYMOND J. NAME 1.2 NAME **54**08 PATRICIA PL STREET ADDRESS 1.3 STREET ADDRESS WEEKI WACHI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CHRISAFULLE, LUCILLE NAME 2.2 NAME 5408 PATRICIA PL STREET ADDRESS 2.3 STREET ADDRESS WEEKI WACHI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5 1 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 truetee prepowered 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.

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