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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V52943

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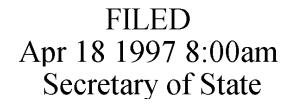
PRO-CARE PEST SERVICES INC.

Principal Place of Business

Mailing Address

P.O. BOX 367

P.O. ROY 367





INVERNESS FL 34451	INVERNESS FL	INVERNESS FL 34451-0367			ł			
· •				3. Date Incorporated or Qualified 07/23/1992	3a. Date of Last Report 06/17/1996			
2. Principal Place of Business 21	2a. Mailing Add	2a. Mailing Address			4. FEI Number 59-3135106			pplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Cour 24 25	29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	lress of Current Registered Agent				10. Name and Address of New Reg	istered A	gent	
EGBERT, DONALD B.			81	Name				
3431 SOUTH HIGHLAN INVERNESS FL 34451	IDS AVENUE		82 Street A		ddress (P.O. Box Number is Not Acceptable	le)		
invenness Pl 34401			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 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, typed or printed na	amo of registered agent and this if applicable	(NOTE: Registe	red Ago	int signature i	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFICE			RS IN 12
TITLE D	L c	DELETE 1.1	TITLE				Change	Addition
NAME EGBERT, DON 3431 S. HIGHLAN	une AVE		NAME					
INVEDNESS EL	100 ATE			ADDRESS				
CITY-SI-ZIP INVERNESS FL			CITY-S TITLE	1-ZIP			Change	Addition
NAME			NAME			•		
STREET ADDRESS			2.3 STREET ADDRESS		****			
CITY-\$T-ZIP		2. 4	CHY-S	ST-ZIP				
TITLE		ELETE 3.1	TITLE				Change	Addition
NAME		3.2	NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	F16		CITY-S	11-ZIP			Change	- I delica
TITLE NAME	LJυ	1	TITLE			L	Unange	☐ Addition
STREET ADDRESS		1	NAME	ADDRESS				Ì
CITY-ST-ZIP			CITY-S					
TITLE	D		TITLE				Change	Addition
NAME		5.2	NAME					
STREET ADDRESS		5.3	STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	1-21P				
TITLE		4	TITLE		·····	₹	Change	Addition
NAME		1	NAME	į				
STREET ADDRESS				ADDRESS				
CITY-\$1-ZIP	mation supplied with this files door		CHY-S		ated in Section 119.07(3)(i), Florida Statutes	Liuribor	carlify that	tho

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 eport as squired 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.