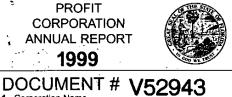
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

PRO-CARE PEST SERVICES INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90032 034 ***150.00

FILED



Principal Place of Business Mailing Address P.O. BOX 367 P.O. BOX 367 INVERNESS FL 34451 INVERNESS FL 34451 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/23/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3135106 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes □No 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EGBERT, DONALD B. 82 Street Address (P.O. Box Number is Not Acceptable) 3431 SOUTH HIGHLANDS AVENUE **INVERNESS FL 34451** 自動 研究自然系統 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE EGBERT, DON 1.2 NAME NAME 3431 S. HIGHLANDS AVE 1.3 STREET ADDRESS STREET ADDRESS **INVERNESS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 3.2 NAME **1803.** 4 mag 10 ch 1000. STREET ADDRESS 3.3 STREET ADDRESS 89.785 O. 34 C. CITY-ST-ZIP 3.4. CITY-ST-ZIP C) DELETE Change 17 MAddition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Addition TITLE \$44 S. 1001.1. 11 7 6.2 NAME NAME 新原性 第6 代 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 by the receiver or tracker ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of address, with all other like empowered.

CR2E034