


V-5314 165.00

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V72261 (3) 1. Corporation Name PESTGUARD TERMITE AND PEST CONTROL, INC.			
Principal Place of Business 573 INTERSTATE BLVD SUITE 4 SARASOTA FL 34240 US		Mailing Address 573 INTERSTATE BLVD SUITE 4 SARASOTA FL 34240-8958 US	
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 30	
3. Date Incorporated or Qualified 10/19/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0387910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MESNSING, ROGER GENE III 4015 CENTER POINT PL 573 Interstate Blvd SARASOTA FL 34233 Sarasota FL. 34240		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
12. TITLE P NAME MENSING, ROGER G III STREET ADDRESS 4015 CENTER POINT PL 573 Interstate Blvd CITY - ST - ZIP SARASOTA FL Sarasota FL 34240	<input type="checkbox"/> DELETE		
13. TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
15. TITLE 16 NAME 17 STREET ADDRESS 18 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
19. TITLE 20 NAME 21 STREET ADDRESS 22 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
23. TITLE 24 NAME 25 STREET ADDRESS 26 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
27. TITLE 28 NAME 29 STREET ADDRESS 30 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
31. TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
35. TITLE 36 NAME 37 STREET ADDRESS 38 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
39. TITLE 40 NAME 41 STREET ADDRESS 42 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
43. TITLE 44 NAME 45 STREET ADDRESS 46 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
47. TITLE 48 NAME 49 STREET ADDRESS 50 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
51. TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
55. TITLE 56 NAME 57 STREET ADDRESS 58 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
59. TITLE 60 NAME 61 STREET ADDRESS 62 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
63. TITLE 64 NAME 65 STREET ADDRESS 66 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do 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: _____ 4/28/97 941 377-6449 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)