

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V73217** (4)
1. Corporation Name
CHETS PEST CONTROL OF ORLANDO, INC.



Principal Place of Business

**1645 ACME STREET
ORLANDO FL 32805**

Mailing Address

**286 E.S.R. 434
LONGWOOD FL 32750
US**

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 **284 E.S.R. 434**

2a. Mailing Address

26 **284 E.S.R. 434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **LONGWOOD FL**

27

City & State

City & State

23

28 **LONGWOOD FL**

Zip

Zip

24 **32750**

Country

29 **32750**

Country

25 **USA**

30

9. Name and Address of Current Registered Agent

**ROWLAND, CLARENCE E III
2112 W. WATERS AVE.
TAMPA FL 33604**

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 *Clarence Rowland*

Signature typed or printed name of registered agent and Florida agent

(Date) Registered Agent Signature required when not signing

326-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROWLAND, CLARENCE E., III**
STREET ADDRESS **286 E.S.R. 434**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000001788100
-04/22/96--01019--017
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Clarence Rowland

CLARENCE ROWLAND

326-96 407 834447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)