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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92256

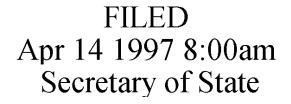
(1)

RAPID PEST CONTROL, INC.

Principal Place of Business

Mailing Address

9015 CALVIN BLVD FT MYERS FL 33901 3015 CALVIN BLVD FT MYERS FL 33901-7215





| PI MIENO FL | ooa∪i | F1 MIENO FE 99901-7219 | • | | | |
|---|---|---|----------------------------|----------------------|-----------------|---|
| 章 (4) (2) | | | | | | 3. Date Incorporated or Qualified |
| 2. Principal Place of Business 2a. Mailing Ad | | | es | | | 4. FEI Number Applied For |
| 21 | H _ L | 26 | | | | 59-2620495 Not Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required |
| City & Stat | е | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for intengible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes |
| ļ | 9. Name and Address of Curre | nt Registered Agent | | A4 T | | 10. Name and Address of New Registered Agent |
| | LIPS, JIM | | | 81 | Namo | |
| 3015 CALVIN BLVD. | | | Ī | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| FI, I | MYERS FL 33901 | | ŀ | 83 | | |
| | | | | 03 | | |
| | | | | 84 | City | FL 85 Zip Code |
| l office or r | to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig signature, typed or printed name of registered ag | e of Florida. Such change was gations of, Section 607.0505, Fl | authorized Iorida Stati | d by utes | the corpo | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| 12. | | ND DIRECTORS | 13. | 1 Agei | ill eignature r | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | DELF1E | 1.1 Til | LE. | | Change Addition |
| NAME | PHILLIPS, JIM | | 1.2 NA | ME | | _ · - |
| STREET ADDRESS | 3015 CALVIN BLVD | | 1.3 \$10 | REET | ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | | 1.4 CIT | IY - S1 | 1-2IP | |
| TITLE | V | ☐ DELETE | 2.1 7(1 | 2.1 101 L€ | | Change Addition |
| NAME | SAHAGIAN, JOHN S. | | 2.2 NA | ME | - | |
| STREET ADDRESS | 3015 CALVIN BLVD | | 2.3 \$16 | REE1 | ADDRESS | |
| CITY-ST-ZIP | | | | 2. 4 CITY - S1 - ZIP | | |
| TITLE | T CAMADIAN IDAN | DELETE 3.1 | | | | ☐ Change ☐ Addition |
| NAME | Sahagian, Joan 3015 Calvin Blvd | , | 3.2 NA | | Incres at | |
| STREET ADDRESS | FT. MYERS FL | | | | ADDRESS | |
| TITLE | S | DELETE | 3 4. Cl | | (1 - ZIF | Change Addition |
| NAME | PHILLIPS, JOAN | | 4. 2 NA | | ľ | E Storge |
| STREET ADDRESS | 3015 CALVIN BLVD | | | | ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | | 4.4 C(T | | | |
| THLE | | . DELETE | 51111 | | | Change Addition |
| NAME | | | 5.2 NAI | ME | - 1 | |
| STREET ADDRESS | | | 53 511 | HEFT / | ADDRESS | • |
| CITY-ST-ZIP | | | 5.4 CH | Y-ST | I - ZIP | |
| TITLE | | DELETE | 6.1 TIT | LE |] | Change Addition |
| NAME | | | 6.2 NA | ME. | | |
| STREET ADDRESS | | | 6.3 STF | REETA | ADDRESS | |
| CITY-ST-ZIP | 49 45 45 45 | | 6.4 CIT | | | |
| Intormatio | an i ndicated on t his annual report or | supplemental annual report is t or the receiver or trustee empov | true and a vered to o | ccui | rate and t | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal offect as if made under oath, the eport as required by Chapter 607, Florida Statutes; and that my name |

IGNATURE: (L. SIVEN MILKELE STATISTUS NOVER) 42-92 QUIL 337 3200