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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **146757** **(0)**

1. Corporation Name

TERMINIX COMPANY

Principal Place of Business	Mailing Address
5020 BAYSHORE BLVD. APT #505 TAMPA FL 33611	5020 BAYSHORE BLVD. APT #505 TAMPA FL 33611

3. Date Incorporated or Qualified: 04/24/1946
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Richard W. Reeves	26 c/o Richard W. Reeves
Suite, Apt. #, etc. 22 100 N. Tampa, #2800	Suite, Apt. #, etc. 27 100 N. Tampa, #2800
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33602 / 25 USA	Zip / Country 29 33602 / 30 USA

4. FEI Number: 59-0546280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOSSAMON, DOROTHY G.
5020 BAYSHORE BLVD #505
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: Richard W. Reeves
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street, Suite 2800
83
84 City: Tampa **FL** 85 Zip Code: 33602

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: Richard W. Reeves 3/25/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required in order to change it) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SOSSAMON,DOROTHY G		12 NAME		
STREET ADDRESS	5020 BAYSHORE BLVD#505		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	TAYLOR,SUSAN S		22 NAME	Bulger, Susan S.	
STREET ADDRESS	5020 BAYSHORE BLVD#505		23 STREET ADDRESS	5020 Bayshore Blvd, #505	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(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: Dorothy G. Sossamon PD 3/15/96 (813) 837-4479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)