

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **422344** (2)

1. Corporation Name
AARON PEST CONTROL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
3200 NO WOODLAND BLVD DELAND FL 32720

3. Date Incorporated or Qualified **03/29/1973** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-1452379** Applied For Not Applicable

State, Apt. #, etc. State, Apt. #, etc.
22 **27**

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 **28**

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

Zip Country Zip Country
24 **25** **29** **30**

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

9. Name and Address of Current Registered Agent
**SMITH, FRANCIS JAMES
1441 GRAND AVE.
DELAND FL 32720**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** 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: _____ (NAME, TYPE, or printed name of registered agent and title of agent in all caps) _____ (NAME, TYPE, or printed name of registered agent and title of agent in all caps) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CARL J.	1.2 NAME	
STREET ADDRESS	1115 S. FATIO RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANCIS JAMES	2.2 NAME	
STREET ADDRESS	1441 GRAND AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAVERNE	3.2 NAME	
STREET ADDRESS	1441 GRAND AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CYNTHIA S.	4.2 NAME	
STREET ADDRESS	737 MAYFAIR CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PHILLIP JAMES	5.2 NAME	
STREET ADDRESS	2946 NO SHELL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 119.07(3)(b), 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 omitted, in accordance with an order.

SIGNATURE: _____ (NAME, TYPE, or printed name of officer or director) **1/9/95** **904 734-6911**
FRANCIS J. SMITH