

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**96 JUN - 7 AM 10: 53**

**DOCUMENT # 500150**

**(8)**

1. Corporation Name

**TURNER PEST CONTROL, INC.**

Principal Place of Business

**2800 HAINES ST.  
JACKSONVILLE FL 32206**

Mailing Address

**2800 HAINES ST.  
JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/31/1976**

3a. Date of Last Report

**04/26/1994**

4. FEI Number

**59-1734829**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**TURNER, JOE C SR  
2800 HAINES ST.  
JACKSONVILLE, FL  
32206**

10. Name and Address of New Registered Agent

81 Name

**Joe C. Turner, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)

**2800 Haines Street**

83

84 City

**Jacksonville**

**FL**

85 Zip Code

**32206**

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

**JOE C. TURNER, JR.**

**MAY 26 1995**

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**VP**

NAME

**TURNER, HELEN J.**

STREET ADDRESS

**5312 SELTON AVE.**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**P**

NAME

**TURNER, JOE C. JR.**

STREET ADDRESS

**4747 PIRATES BAY DR.**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**C**

NAME

**TURNER, JOE C., SR.**

STREET ADDRESS

**5018 SELTON AVE.**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**ST**

NAME

**TURNER, VIVIAN C.**

STREET ADDRESS

**4747 PIRATES BAY DR.**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joe C. Turner, Jr.**

**MAY 26 1995**

**904-355-5300**