

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 714998 (2)
1. Corporation Name

95 FEB 20 AM 11:12

FLORIDA PEST CONTROL ASSOCIATION, INC.

Principal Place of Business: 6882 EDGEWATER COMM. PKWY., ORLANDO FL 32810-4281 US
Mailing Address: 6882 EDGEWATER COMM. PKWY., ORLANDO FL 32810-4281 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1968	3a. Date of Last Report 02/22/1994
4. FEI Number 59-0839828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CAITHNESS, TONI
6882 EDGEWATER COMMERCE PARKWAY
ORLANDO FL 32810**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL JEROME	1.2 NAME	
STREET ADDRESS	6938 BUSINESS PARK BLVD., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAINE, ROBERT B.	2.2 NAME	DONALD FROWICK
STREET ADDRESS	972 WEST PROSPECT ROAD	2.3 STREET ADDRESS	116 NW 16 Ave
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Gainesville FL 32601
TITLE	PE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, BRYAN	3.2 NAME	GRIMES, BRYAN
STREET ADDRESS	321 RACETRACK ROAD, N.E.	3.3 STREET ADDRESS	911 Don Drive
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	Ft. Walton Beach FL 32547
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, DOUGLAS	4.2 NAME	
STREET ADDRESS	P.O. BOX 321 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMADES, DAVID	5.2 NAME	
STREET ADDRESS	1481 N.W. 65TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAITHNESS, TONI	6.2 NAME	
STREET ADDRESS	6882 EDGEWATER COMM PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Toni Caithness **2/14/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Toni Caithness, Executive Vice President