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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

818129

(9)

ORKIN EXTERMINATING COMPANY, INC.

Principal Place of Business Mailing Address 2170 PIEDMONT ROAD. N.E. CORPORATE TAXES ATLANTA GA 30324 2170 PIEDMONT RD. N.E. ATLANTA GA 30324

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1964 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 58-0942031 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THILE SMITH, GENE L NAME 1.2 NAME 2E034 2170 PIEDMONT RD. NE STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA 30324 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROLLINS, GARY NAME 22 NAME 2170 PIEDMONT RD N E 2.3 STREET ADDRESS STREET ADDRESS atlanta ga 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STEVENS, VINCE NAME 3.2 NAME 2170 PIEDMONT RD N E STREET ADDRESS 3.3 STREET ADDRESS **ATL**ANTA GA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RÖLLINS, R. RANDALL NAME 4. 2 NAME 2170 PIEDMONT RD N E STREET ADDRESS 4.3 STREET ADDRESS atlanta ga 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6 (TID) F Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this filing 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 chargest or on an attaching with an factores. JYM