

**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

**APPROVED  
AND  
FILED**  
  
95 APR 26 AM 10:10  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F59851 (8)**  
1. Corporation Name  
**ALL AMERICA TERMITE & PEST CONTROL, INC.**

Principal Place of Business      Mailing Address  
**6359 EDGEWATER DR  
ORLANDO FL 32810  
US**                                      **6359 EDGEWATER DR  
ORLANDO FL 32810  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/28/1981**                                      **02/08/1994**

4. FEI Number      Applied For  
**59-2156849**                                      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**

6. This corporation has liability for intangible tax under S. 195.532, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**STONE, STEPHEN M  
725 N MAGNOLIA AVENUE  
ORLANDO FL 32803**

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

**FL**

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      DATE

Signature, typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENMETZ, CHARLES	1.2 NAME	
STREET ADDRESS	1751 VIA AMALFI      6359 Edgewater Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL      Orlando, FL 32810	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, STEPHEN	2.2 NAME	
STREET ADDRESS	601 LAKE SUE AVE      6359 Edgewater Drive	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL      Orlando, FL 32810	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENDENIN, GREGORY	3.2 NAME	
STREET ADDRESS	185 W SPRING LAKE DR      6359 Edgewater Drive	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALT SPRINGS FL      Orlando, FL 32810	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLET, LAEL	4.2 NAME	
STREET ADDRESS	801 PINETREE RD      6359 Edgewater Dr	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL      Orlando, FL 32810	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:      Steve M. Gallagher      CEO      4-6-95      407-291-8027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number