FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:35

DOCUMENT # **G83439** **(1)**

1. Corporation Name
PESTOP COMMERCIAL PEST PREVENTION INC.

Principal Place of Business	Mailing Address
4699 N. STATE RD. 7 SUITE #L-2 TAMARAC FL 33319	4699 N. STATE RD. 7 L-2 TAMARAC FL 33319 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1984
3a. Date of Last Report: 03/14/1994

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

4. FEI Number: 65-0099168 ☐ 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

9. Name and Address of Current Registered Agent

SOMMERS, JOSEPH
101 BRINY AVENUE
SUITE 710
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: TOM B. Mathison
82 Street Address (P.O. Box Number is Not Acceptable): 6721 Blvd. of Champions
83:
84 City: N. Lauderdale FL 85 Zip Code: 33068

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: X _____ Tom B. Mathison, President (NOTE: For printed Agent signature required when mandatory) x 3/23/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	MATHISON, TOM	12 NAME	
STREET ADDRESS	6721 BLVD OF CHAMPIONS	13 STREET ADDRESS	
CITY ST ZIP	N LAUDERDALE FL	14 CITY ST ZIP	33068
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	SOMMERS, JOE	22 NAME	
STREET ADDRESS	101 BRINY AVENUE	23 STREET ADDRESS	Delete OFFICER
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE	VPresident	31 TITLE	☐ Change ☐ Addition
NAME	Joseph B. Budz	32 NAME	
STREET ADDRESS	4147 NW 90th Ave Apt. 207	33 STREET ADDRESS	
CITY ST ZIP	Coral Springs, FL 33065	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ Tom B. Mathison, President 3/23/95 305-484-5939
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date) (Daytime Phone #)

0226883 CP