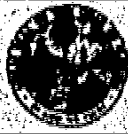


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **P08555 (5)**

1. Corporation Name
ROLLINS, INC.

Principal Place of Business
**2170 Piedmont Rd. N.E.
Atlanta GA 30324**

Mailing Address
**CORPORATE TAXES
2170 Piedmont Rd. NE
Atlanta GA 30324**

2. Principal Place of Business
21 Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified **12/30/1985** 3a. Date of Last Report **03/25/1994**

4. FEI Number **51-0068479** 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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROLLINS, R. RANDALL
STREET ADDRESS	2170 Piedmont Rd. NE
CITY-ST-ZIP	Atlanta GA 30324
TITLE	PD
NAME	ROLLINS, GARY W.
STREET ADDRESS	2170 Piedmont Rd., N.E.
CITY-ST-ZIP	Atlanta GA
TITLE	ST
NAME	SMITH, GENE L.
STREET ADDRESS	2170 Piedmont Rd., N.E.
CITY-ST-ZIP	Atlanta GA
TITLE	D
NAME	ROLLINS, JOHN W.
STREET ADDRESS	2170 Piedmont Rd., N.E.
CITY-ST-ZIP	Atlanta GA
TITLE	D
NAME	TIPPIE, HENRY B.
STREET ADDRESS	2170 Piedmont Rd., N.E.
CITY-ST-ZIP	Atlanta GA
TITLE	D
NAME	LONNEY, WILTON
STREET ADDRESS	2170 Piedmont Rd. NE
CITY-ST-ZIP	Atlanta GA 30324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James B. Williams	
1.3 STREET ADDRESS	2170 Piedmont Rd. N.E.	
1.4 CITY-ST-ZIP	Atlanta, GA 30324	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill J. Dismuke	
2.3 STREET ADDRESS	2170 Piedmont Rd. N.E.	
2.4 CITY-ST-ZIP	Atlanta, GA 30324	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wilton Looney	
6.3 STREET ADDRESS	2170 Piedmont Rd NE	
6.4 CITY-ST-ZIP	Atlanta, GA 30324	

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

SIGNATURE: *Gene L. Smith* Gene L. Smith **4/17/95** (404) 888-2367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED
95 APR 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE: