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 JAN 25 PM 4:14

DOCUMENT # P93000046966 (6)

1. Corporation Name

ACTIVE TERMITE AND PEST CONTROL, INC.

Principal Place of Business	Mailing Address
3083 SULSTONE DR. HARBOUR HEIGHTS FL 33983	3083 SULSTONE DR. HARBOUR HEIGHTS FL 33983

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0420762 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLY, JAMES R
3083 SULSTONE DR.
HARBOUR HEIGHTS FL 33983

10. Name and Address of New Registered Agent

01 Name: NORA BAKER
02 Street Address (P.O. Box Number is Not Acceptable): 145 MORNINGSTAR DRIVE
03
04 City: PUNTA GORDA FL 05 Zip Code: 33982

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: NORA E. BAKER — Nora E. Baker — 1/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, JAMES R
STREET ADDRESS	1661 CASEY KEY DR.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	VP
NAME	WEBB, KATHLEEN
STREET ADDRESS	1661 CASEY KEY DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	S
NAME	BAKER, NORA
STREET ADDRESS	1661 CASEY KEY DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	☒ Change ☐ Addition
1.2 NAME	KELLY, JAMES R.	
1.3 STREET ADDRESS	1661 CASEY KEY DR.	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	WEBB, KATHLEEN	
2.3 STREET ADDRESS	1661 CASEY KEY DR.	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	BAKER, NORA	
3.3 STREET ADDRESS	145 MORNINGSTAR DR.	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Nora E. Baker — 1/20/95 — 813 624-6666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — (Daytime Phone #)

093B180 CP