

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mayfield  
Secretary of State  
Tallahassee, Florida 32304-0001

DOCUMENT # **P94000043371 (1)**

**EASTERN EXTERMINATING, INC.**

APR 20 1995  
7:13  
MAY 1 1995  
TALLAHASSEE, FLORIDA

|   |                                  |  |   |   |   |                                     |  |
|---|----------------------------------|--|---|---|---|-------------------------------------|--|
| 1. Principal Office Location<br><b>14929 NW 7TH AVENUE<br/>MIAMI FL 33168</b> |                                  | 2a. Mailing Address<br><b>14929 NW 7TH AVENUE<br/>MIAMI FL 33168</b> |   | 3. Date of Report<br><b>06/01/1994</b>  |   | 3b. Date of Last Report<br><b>N</b> |  |
| 2. Director of the Corporation<br><b>21</b>                                   | 2a. Mailing Address<br><b>26</b> |  | 4. FEI Number<br><b>65-04944903</b>   |   | Applied Fee<br>Not Applicable             |                                     |  |
| 22  | 27                               |  | 5. Certificate of Status Desired<br><input type="checkbox"/>                          |   | <b>\$8.75 Additional<br/>Fee Required</b> |                                     |  |
| 23  | 28                               |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>    |                                     |  |
| 24  | 25                               | 29   | 30  | 8. This corporation has liability for election law under the 1991/92<br>Election Statute<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                                     |  |

|  |  |  |  |  |  |               |  |
|--|--|--|--|--|--|---------------|--|
| 9. Name and Address of Current Registered Agent<br><b>YACKEE, SCOTT<br/>14929 NW 7TH AVENUE<br/>MIAMI FL 33168</b> |  |  |  | 10. Name and Address of New Registered Agent           |  |               |  |
| 81. Name:  |  |  |  | 82. Street Address, P.O. Box Number is Not Applicable: |  |               |  |
| 83.  |  |  |  | 84. City:  |  |               |  |
|  |  |  |  | <b>FL</b>  |  | 85. Zip Code: |  |

11. Pursuant to the provisions of law found in Sections 219.01 and 219.02, Florida Statutes, the above named corporation solemnly declares that the purpose of changing its registered office or registered agent is best 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 responsibilities of the term of office of Florida Statutes.

SIGNATURE: \_\_\_\_\_

|                            |                   |         |          |  |                   |         |          |
|----------------------------|-------------------|---------|----------|--|-------------------|---------|----------|
| 12. OFFICERS AND DIRECTORS |                   |         |          | 13. ADDITIONAL OFFICERS, DIRECTORS AND OFFICERS OF THE CORPORATION   |                   |         |          |
| 1. NAME                    | 2. STREET ADDRESS | 3. CITY | 4. STATE | 1. NAME  | 2. STREET ADDRESS | 3. CITY | 4. STATE |
|                            |                   |         |          | <b>P<br/>POWELL PORTER<br/>14929 NW 7 AVE<br/>MIAMI, FL 33168</b>    |                   |         |          |
|                            |                   |         |          | <b>V/T/S<br/>ROBERT LEVAK<br/>14929 NW 7 AVE<br/>MIAMI, FL 33168</b> |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |
|                            |                   |         |          |  |                   |         |          |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the reasons stated in law herein. I further certify that the information and matters herein are true and correct 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 of the name of the corporation as shown on this report as required by Chapter 207, Florida Statutes, and that my name appears on Block 1, or Block 1A if changed by an attachment with an address.

SIGNATURE: **4/29/95 305 769-2899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT LEVAK**