FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S02540** **(0)**

1. Corporation Name

ORLANDO PEST CONTROL INC.

Principal Place of Business	Mailing Address
3212 CONWAY GARDENS RD. ORLANDO FL 32806	P.O. BOX 327 ORLANDO FL 32802

3. Date Incorporated or Qualified: **09/24/1990**
3a. Date of Last Report: **09/29/1995**
4. FEI Number: **59-3029044** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARTIN, GARY
3212 CONWAY GARDENS RD.
ORLANDO FL 32806

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 617.1905 and 617.1906, 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 617.0501, Florida Statutes.

SIGNATURE: Carol Martin 1/28/96
Name of New Registered Agent (Typed or Printed) Date

12. OFFICERS AND DIRECTORS		
TYPE	PVP	☐ DELETE
NAME	MARTIN, GARY	
STREET ADDRESS	3212 CONWAY GDNS RD	
CITY ST ZIP	ORLANDO FL	
TYPE	S	☐ DELETE
NAME	MARTIN, CAROL	
STREET ADDRESS	3212 CONWAY GDNS RD	
CITY ST ZIP	ORLANDO FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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CR2E034 (12/95)

14. I do hereby certify that the information indicated on this 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 with an indication that I am an officer or director with an X.

SIGNATURE: Carol Martin 1/28/96 (407) 856 8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
Carol Martin