

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 11:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V34728 (8)

1. Corporation Name

CONTROL PEST MANAGEMENT, INC.

Principal Place of Business

**171 S CENTRAL AVE
OVIEDO FL 32765-0227
US**

Mailing Address

**P. O. BOX 823
OVIEDO FL 32765-0823
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

04/13/1994

4. FEI Number

59-3122419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 150 PARK ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 OVIEDO, FL

City & State

27

24 32765 25 U.S.

29 30

9. Name and Address of Current Registered Agent

**NEEL, GLENN C
556 W PALM VALLEY DR
OVIEDO FL 32765**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEEL, GLENN C
STREET ADDRESS	556 W PALM VALLEY DR
CITY - ST - ZIP	OVIEDO FL
TITLE	D
NAME	NEEL, AMANDA J
STREET ADDRESS	556 W PALM VALLEY DR
CITY - ST - ZIP	OVIEDO FL
TITLE	D
NAME	CAPONI, ELSO R. J
STREET ADDRESS	3818 OYSTER COURT
CITY - ST - ZIP	ORLANDO 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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(3)(k), 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: Glenn C. Neel GLENN C. NEEL 4-21-95 407-365-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #