

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L06186 (5)

1. Corporation Name

ACTION ENTERPRISES SERVICE, INC.

Principal Place of Business

P.O. BOX 673
ESTERO FL 33928

Mailing Address

P.O. BOX 673
ESTERO FL 33928

**200001476772
-05/05/95--01009--019
DO NOT WRITE IN THESE SPACES \$200.00**

3. Date Incorporated or Qualified
07/31/1989

3a. Date of Last Report
04/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

4. FEI Number

65-0146110

4a. Applied For
☒ 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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDALL, JAY A.
9783 COUNTRY OAKS DR
FT MYERS FL 33912**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the filer)

(If filer is registered agent, signature required when verifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VANDALL, JAY A.
STREET ADDRESS	9783 COUNTRY OAKS DR
CITY, ST, ZIP	FT MYERS FL
TITLE	SVD
NAME	VANDALL, BONITA D.
STREET ADDRESS	9783 COUNTRY OAKS DR
CITY, ST, ZIP	FT MYERS 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	

5/1/95
WJH

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(2)(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:

Bonita D. Vandall

BONITA D. VANDALL

3-20-95

813-267-3881

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number

ED'S PEST CONTROL

6925 JOHNSON STREET

HWD, FL. 33024 981-8596

To Whom It May Concern:

A couple of days ago I sent renewal for Corporation papers. I forgot to put the ck. in the envelope.

Enclosed is the ck. with Tax payer Id #. 65-0137338. Total Professional Services, Inc. Ed's Pest Control is a DBA.

Thank you

Carl Guttrund
President