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
96 JUN -7 AM 10:53

DOCUMENT # **500150** **(8)**

1. Corporation Name
TURNER PEST CONTROL, INC.

Principal Place of Business	Mailing Address
2800 HAINES ST. JACKSONVILLE FL 32206	2800 HAINES ST. JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1976
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1734829 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. 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
~~TURNER, JOE C SR~~ ~~2800 HAINES ST~~ ~~JACKSONVILLE, FL~~ ~~32206~~	01 Name: Joe C. Turner, Jr. 02 Street Address (P.O. Box Number is Not Acceptable): 2800 Haines Street 03 04 City: Jacksonville FL 05 Zip Code: 32206

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: Joe C. Turner, JR — MAY 26 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	~~TURNER, HELEN J.~~	12 NAME		
STREET ADDRESS	~~5313 SELTON AVE.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP		
TITLE	~~P~~	21 TITLE	P, D	☒ Change ☐ Addition
NAME	TURNER, JOE C. JR.	22 NAME		
STREET ADDRESS	4747 PIRATES BAY DR.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE		☐ Change ☐ Addition
NAME	~~TURNER, JOE C., SR.~~	32 NAME		
STREET ADDRESS	~~5010 SELTON AVE.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY-ST-ZIP		
TITLE	~~ST~~	41 TITLE	VP, ST, D	☒ Change ☐ Addition
NAME	TURNER, VIVIAN C.	42 NAME		
STREET ADDRESS	4747 PIRATES BAY DR.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Joe C. Turner, Jr. MAY 26 1995 904-355-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022780 CP