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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H94824 (0)

1. Corporation Name

ACTION PROFESSIONAL PEST CONTROL PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

C/O WALTER SANDERS
3307 W. WATERS AVE.
TAMPA FL 33614
US

Mailing Address

C/O WALTER SANDERS
5121 ENRICH ROAD BLDG. 107-B
TAMPA FL 33624

3. Date Incorporated or Qualified

01/16/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 3307 W. Waters Ave

2a. Mailing Address

26 13910 N. DALE MABRY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

27

SUITE ONE

City & State

28 TAMPA, FL

Zip

Country

24 33614

25 US

Zip

29 33618

30 USA

4. FEI Number

59-2646935

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

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 ENRICH RD.
BLDG. 107, STE. B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Sanders, Walter

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

13910 NORTH DALE MABRY HWY

83

SUITE ONE

84 City

TAMPA

FL

85 Zip Code

33618

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

Walter Sanders

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

(NOTE: Registered Agent signature required when reinstating)

3/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIDSON, ALLEN
STREET ADDRESS 7114 LAWNVIEW CT.
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen Davidson

(Signature and typed or printed name of signing officer or director)

Allen Davidson

03-01-95

813-931-9086