

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714998

**FILED**  
**Feb 13, 2024**  
**Secretary of State**  
**1127559949CC**

**Entity Name:** FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OSS OFFICE SUPPORT SERVICES, INC.  
301 S TUBB STREET UNIT I-2  
OAKLAND, FL 34760

**Current Mailing Address:**

PO BOX 0196  
OAKLAND, FL 34760 US

**FEI Number:** 59-0839828

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OSS OFFICE SUPPORT SERVICES, INC.  
C/O OSS OFFICE SUPPORT SERVICES, INC.  
301 S TUBB STREET UNIT I-2  
OAKLAND, FL 34760 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KEVIN CHINFATT

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name CHRIS, CAVANAGH  
Address 737 SW 9TH TERR  
City-State-Zip: POMPANO BEACH FL 33069

Title PRESIDENT  
Name JEREMY, MANEOL  
Address 542347 US-1  
City-State-Zip: CALLAHAN FL 32011

Title VP  
Name ZACE, ELLIOT  
Address 2091 N. HARBOR CITY BLVD.  
City-State-Zip: MELBOURNE FL 32935

Title TREASURER  
Name DILORENZO, PAUL  
Address 12329 NW 35TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY  
Name PUMPHREY, DEREK  
Address 3005 S HIGHWAY 77  
City-State-Zip: LYNN HAVEN FL 32444

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEREMY MANEOL

PRESIDENT

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date