# 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BESECKER

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P02000015993

## Entity Name: 1ST CHOICE PEST CONTROL OF CENTRAL FL. INC.

#### **Current Principal Place of Business:**

721 IBIS AVE DELTONA, FL 32738

#### **Current Mailing Address:**

PO BOX 391671 DELTONA, FL 32739 US

#### FEI Number: 04-3601010

### Name and Address of Current Registered Agent:

DOSS, THOMAS EIII 500 E. ALTAMONTE DRIVE SUITE 200 ALTAMONTE SPRINGS, FL 32701 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: THOMAS ELL DOSS

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitlePDNameBESECKER, ROBERT RAddress721 IBIS AVECity-State-Zip:DELTONA FL 32738

FILED Apr 26, 2019 Secretary of State 3088027219CC

Certificate of Status Desired: No

04/26/2019 Date

04/26/2019 Date

PRESIDENT