

2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04761

Entity Name: TRULY NOLEN EXTERMINATING, INC.

Current Principal Place of Business:

432 S. WILLIAMS BLVD.
TUCSON, AZ 85711

Current Mailing Address:

432 S. WILLIAMS BLVD.
TUCSON, AZ 85711 US

FEI Number: 86-0169166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR OF OPERATIONAL
ADMINISTRATION
Name NOLEN, MICHELLE
Address 432 S. WILLIAMS BLVD.
City-State-Zip: TUCSON AZ 85711

Title PRESIDENT
Name NOLEN, SCARLETT SAHARA
Address 432 S. WILLIAMS BLVD.
City-State-Zip: TUCSON AZ 85711

Title CFO
Name WILD, MATT
Address 432 S. WILLIAMS BLVD.
City-State-Zip: TUCSON AZ 85711

Title DIRECTOR OF INFORMATION
TECHNOLOGY
Name LAWLOR, GEORGE
Address 432 S. WILLIAMS BLVD.
City-State-Zip: TUCSON AZ 85711

Title VP
Name MAHER, CHRIS
Address 770 TAMiami TRAIL
City-State-Zip: PORTCHARLOTTE FL 33953

Title VP
Name RINGLSTETTER, MARK
Address 432 S. WILLIAMS BLVD.
City-State-Zip: TUCSON AZ 85711

Title VP
Name BOHNE, GREG
Address 432 S WILLIAMS BLVD
City-State-Zip: TUCSON AZ 85711

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: MATT WILD

CFO

06/06/2025

Electronic Signature of Signing Officer/Director Detail

Date