

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 188061 (6)

1. Corporation Name

A-2-Z TERMITE AND PEST CONTROL CORPORATION OF OC
ALA



Principal Place of Business

Mailing Address

1621 NE 6TH AVE., STE B
PO BOX 1021
OCALA FL 32678

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PO BOX 1021
OCALA FL 32678

3. Date Incorporated or Qualified 09/28/1955
3a. Date of Last Report 03/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-0816576	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	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

PEEK, ALBERT B.
1111 N.E. 25TH AVE.
SUITE #503
OCALA FL 34470

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEEK, TOM	1.2 NAME	
STREET ADDRESS	1734 S.E. 13TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEEK, ALBERT B.	2.2 NAME	
STREET ADDRESS	1430 S.E. 5TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEEK, DAVID H.	3.2 NAME	
STREET ADDRESS	1609 GULF LIFE TOWER	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: *Romas W PEEK*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-12-96 352-732-7280
Date Daytime Phone #

CR2E034 (12/95)