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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 450580 (6)

1. Corporation Name
BUG EXTERMINATORS COMPANY, INC

Principal Place of Business	Mailing Address
5201 WEST FAIRFIELD DRIVE PENSACOLA FL 32506	5201 WEST FAIRFIELD DRIVE PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 402 North 65th Avenue
22 Suite, Apt. #, etc.
23 City & State: Pensacola, Florida
24 Zip: 32506
25 Country:

2a. Mailing Address
26 Post Office Box 3696
27 Suite, Apt. #, etc.
28 City & State: Pensacola, Florida
29 Zip: 32506-3696
30 Country:

4. FEI Number: 59-1557589 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, HERMAN D.
5201 WEST FAIRFIELD DRIVE
PENSACOLA FL

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK,HERMAN DEAN	1.2 NAME	
STREET ADDRESS	5201 FAIRFIELD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	CLARK,ANNETTE	2.2 NAME	Susan M. Clark
STREET ADDRESS	5201 FAIRFIELD DR.	2.3 STREET ADDRESS	402 North 65th Avenue
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, Florida 32506
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK JR, HERMAN DEAN	3.2 NAME	
STREET ADDRESS	402 N 65TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(i), 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: Herman Dean Clark 2-22-95 904-455-1635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0469321 FP