

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 # 450975 (8)

1. Corporation Name

SECURITY PEST CONTROL OF CITRUS, INC.



Principal Place of Business

Mailing Address

2258 N FLORIDA AVE
POST OFFICE BOX 570
HERNANDO FL 34442
US

U.S. HIGHWAY 41 SOUTH
P.O. BOX 570
HERNANDO FL 34442-0570
US

3. Date Incorporated or Qualified

04/05/1974

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILLSBURY, DAVID A
U.S. 41 S.
P.O. BOX 570
HERNANDO FL 32642

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 David A Pillsbury, Sec. Treas.

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

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PILLSBURY, DAVID A
STREET ADDRESS COUNTY RD, #39 POB 488
CITY-ST-ZIP HERNANDO FL

TITLE D ☐ DELETE
NAME PILLSBURY, DAVID A
STREET ADDRESS COUNTY RD, #39 POB 488
CITY-ST-ZIP HERNANDO FL

TITLE ST ☐ DELETE
NAME PILLSBURY, SARAH
STREET ADDRESS COUNTY RD #39
CITY-ST-ZIP HERNANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME SCORDATO PHILLIP
1.3 STREET ADDRESS 5164 N DEWEY WAY
1.4 CITY-ST-ZIP HERNANDO, FL 34442

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/9/96

Daytime Phone #

352-344-5578

CR2E034 (12/95)