FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 15 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624799 (3)

1. Corporation Name
SHIELD TERMITE CONTROL, INC.

700001432147
-03/16/95--01099--018
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
70 NW 5TH STREET HOMESTEAD FL 33030	70 NW 5TH STREET HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 07/17/1979
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 769 Parkway
22 Suite, Apt. #, etc.
23 City & State: Homestead, FL
24 Zip: 33030
25 Country: Dade

2a. Mailing Address
26 769 Parkway
27 Suite, Apt. #, etc.
28 City & State: Homestead, FL
29 Zip: 33030
30 Country: Dade

4. FEI Number: 59-1926436 ☐ 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 XX No

9. Name and Address of Current Registered Agent

GRIFFITH, BRUCE
70 NW 5TH ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: Bruce Griffith
82 Street Address (P.O. Box Number is Not Acceptable): 21600 S.W. 157 Avenue
83
84 City: Miami FL 85 Zip Code: 33170

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	PT	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	GRIFFITH, BRUCE	1.2 NAME	Griffith, Bruce
STREET ADDRESS	70 NW FIFTH STREET	1.3 STREET ADDRESS	21600 S.W. 157 Avenue
CITY-ST-ZIP	HOMESTEAD, FL 00000	1.4 CITY-ST-ZIP	Miami, FL 33170
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, NANCY L.	2.2 NAME	
STREET ADDRESS	15670 SW 155TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	CH

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: Bruce Griffith / Bruce Griffith 3-3-95 (305) 247-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000003 CP