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 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650824 (6)

1. Corporate Name
RID-IT PEST CONTROL, INC.

Principal Place of Business:
522 N.E. 43RD STREET
OAKLAND PARK FL 33334
US

Mailing Address:
522 N.E. 43RD STREET
OAKLAND PARK FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1980
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-1963663 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24, Country — 25 / Zip — 29, Country — 30

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

KIRSCHBAUM, JOEL L.
200 E BROWARD BLVD
FT. LAUDERDALE FL 33301

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HOLIFIELD, CHARLES E., J
STREET ADDRESS	3707 N. DIXIE HWY.
CITY-ST-ZIP	OAKLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14. I 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: Chas E. Holifield Jr — 5-8-95 — 305-564-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chas E. Holifield, Jr

0230507 CP