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 -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F05197** **(1)**

1. Corporate Name

ROLLINS HUDIG HALL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2110 HERSCHEL STREET P.O. BOX 37360 JACKSONVILLE FL 32204 US	123 N. WACKER DR 26TH FLOOR CHICAGO IL 60606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1980**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 2a. Mailing Address

21

Suite, Apt. # or etc.

22

City & State

23

Zip — County

24

Pricipal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
***County:* COOK**

4. FEI Number: **58-1414112** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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 607.1502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
1. NAME	QUERN, ARTHUR	1. NAME	
1. STREET ADDRESS	123 NORTH WACKER DR.	1. STREET ADDRESS	
1. CITY ST ZIP	CHICAGO IL	1. CITY ST ZIP	
2. TITLE	P	2. TITLE	☐ Change ☐ Addition
2. NAME	WILCOX, TERRY	2. NAME	
2. STREET ADDRESS	123 N. WACKER DRIVE	2. STREET ADDRESS	
2. CITY ST ZIP	CHICAGO IL	2. CITY ST ZIP	
3. TITLE	S	3. TITLE	☐ Change ☐ Addition
3. NAME	JESCHKE, ARLENE	3. NAME	
3. STREET ADDRESS	123 NORTH WACKER DR.	3. STREET ADDRESS	
3. CITY ST ZIP	CHICAGO, IL 00000	3. CITY ST ZIP	
4. TITLE	VP	4. TITLE	☐ Change ☐ Addition
4. NAME	HANNER, JEROME S.	4. NAME	
4. STREET ADDRESS	123 NORTH WACKER DR.	4. STREET ADDRESS	
4. CITY ST ZIP	CHICAGO IL	4. CITY ST ZIP	
5. TITLE	T	5. TITLE	☐ Change ☐ Addition
5. NAME	RABIN, PAUL I.	5. NAME	
5. STREET ADDRESS	123 NORTH WACKER DR.	5. STREET ADDRESS	
5. CITY ST ZIP	CHICAGO IL	5. CITY ST ZIP	
6. TITLE	AV	6. TITLE	☐ Change ☐ Addition
6. NAME	GROB, ROBERT	6. NAME	
6. STREET ADDRESS	123 NORTH WACKER DR.	6. STREET ADDRESS	
6. CITY ST ZIP	CHICAGO IL	6. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Robert Grob ROBERT GROB 4/26/95 312-701-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388440 CP

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DOCUMENT # F05220 (1)

1. Corporation Name

MR. GOODLAWN, INC.

Principal Place of Business: 2312 EDDIE ST. P.O. BOX 12265 TALLAHASSEE FL 32317

Mailing Address: 2312 EDDIE ST. P.O. BOX 12265 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1980

3a. Date of Last Report: 03/16/1994

4. FEI Number: 59-2072191 [ ] 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

CARRITT, PATRICIA A.
1769 VINEYARD WAY
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JONES, CONNIE S
STREET ADDRESS	1627 HIGHLAND DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD
NAME	CARRITT, PATRICIA A.
STREET ADDRESS	1769 VINEYARD WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VTD
NAME	CARRITT, RICHARD W.
STREET ADDRESS	1769 VINEYARD WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; [ ] Change [ ] Addition — blank)

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), 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: Patricia A. Carritt Patricia A. Carritt 5-1-95 656-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0029138 CP