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

FILED
Mar 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **F59851** **(8)**

1. Corporation Name

ALL AMERICA TERMITE & PEST CONTROL, INC.

Principal Place of Business

6359 EDGEWATER DR
ORLANDO FL 32810
US

Mailing Address

6359 EDGEWATER DR
ORLANDO FL 32810
US

3. Date Incorporated or Qualified: **12/28/1981**

3a. Date of Last Report: **04/26/1995**

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

4. FEI Number: **59-2156849** ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 Section 607.0502 and 607.1502, 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 12		
TITLE	PD	☐ DELETE	11 TITLE	VP OF ORGANIZATIONAL DEVELOPMENT	☐ Change ☒ Addition
NAME	STEINMETZ, CHARLES		12 NAME	ROBERT CASE	
STREET ADDRESS	6359 EDGEWATER DRIVE		13 STREET ADDRESS	6359 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	STD	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	GALLAGHER, STEPHEN		22 NAME	STEPHEN SALLY	
STREET ADDRESS	6359 EDGEWATER DRIVE		23 STREET ADDRESS	6359 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	VD	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	CLENDENIN, GREGORY		32 NAME	JOHN BURKE	
STREET ADDRESS	6359 EDGEWATER DRIVE		33 STREET ADDRESS	6359 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	VD	☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	KELLETT, LAEL		42 NAME	SAM CERTO	
STREET ADDRESS	6359 EDGEWATER DRIVE		43 STREET ADDRESS	6359 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate; that my electronic 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 above, or on an attachment with an address.

SIGNATURE: _____ 3/26/96 (407) 291-8027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone