

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Barbara B. Matthews Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # F94526 (3)
 Corporation Name:
ESCAROSA PEST CONTROL, INC.

Principal Place of Business:	Mailing Address:
999 ROCK ISLAND PL PENSACOLA FL 32505 US	999 ROCK ISLAND PL PENSACOLA FL 32505 US

RECEIVED
 55 MAY 11 1995
 SEC. OF STATE
 TALLAHASSEE, FLORIDA

2. Description of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/13/1982	04/26/1994
22. State Apt # etc.		27. State Apt # etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-2214071	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				6. This corporation has liability for intangible tax under § 199.032, Florida Statutes	
VIVIANO, SAM A. 226 SOUTH PALAFOX STREET PENSACOLA FL 32501				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VIVIANO, SAM A. 226 SOUTH PALAFOX STREET PENSACOLA FL 32501				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	STD MASSARO, THOMAS J.	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	999 ROCK ISLAND PL PENSACOLA, FL 00000	13.2 NAME	
12.3 CITY	VDP	13.3 STREET ADDRESS	
12.4 NAME	MASSARO, MICHAEL L	13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS	999 ROCK ISLAND PL PENSACOLA, FL 00000	13.5 NAME	
12.6 CITY		13.6 STREET ADDRESS	
12.7 NAME		13.7 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 NAME	
12.9 CITY		13.9 STREET ADDRESS	
12.10 NAME		13.10 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY		13.12 STREET ADDRESS	
12.13 NAME		13.13 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY		13.15 STREET ADDRESS	
12.16 NAME		13.16 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS		13.17 NAME	
12.18 CITY		13.18 STREET ADDRESS	
12.19 NAME		13.19 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS		13.20 NAME	
12.21 CITY		13.21 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 199.032, Florida Statutes. I further certify that these forms are included in the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. This report is filed for the corporation or the receiver or liquidator as required by Chapter 147, Florida Statutes, and that my name and address in Block 1, of this filing changed, if an attachment with an address.

SIGNATURE: *Michael Massaro* MICHAEL MASSARO v/p 4 29 95 438-5003
 PRINT NAME AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR