

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

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
Candice B. Minkler  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:16

DOCUMENT # **G05011** (3)

1. Corporation Name  
**CONNOLLY PEST CONTROL, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Name of Business: **% ROBERT M. CONNOLLY**  
2434-14TH AVENUE NORTH  
ST. PETERSBURG FL 33713

Mailing Address: **% ROBERT M. CONNOLLY**  
2434-14TH AVENUE NORTH  
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: **10/19/1982**  
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business

21. State, Apt., etc. **SAME** 26. Suite, Apt., #, etc. **SAME**

22. City & State **SAME** 27. City & State **SAME**

23. Zip **SAME** 28. Zip **SAME**

24. Country **SAME** 29. Country **SAME**

25. Country **SAME** 30. Country **SAME**

4. FEI Number: **59-2289074**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$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

**CONNOLLY, ROBERT M.**  
2434-14TH AVENUE NORTH  
ST. PETERSBURG FL 33713

**SAME**

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 officer 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

Signature (print or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>
NAME	<b>CONNOLLY, ROBERT M.</b>
STREET ADDRESS	<b>2434-14TH AVENUE NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I declare by certifying that the information supplied with this filing 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, and I intend to execute this report as required by Chapter 007, Florida Statutes; and that my name appears on Block 12 or Block 13, as applicable, on an attachment with an address.

SIGNATURE:

*Robert M. Connolly*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF EACH OF THESE FILINGS

**2/22/95** (813) 323-5573  
DATE