**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JUN 20 PM 3:17

DOCUMENT # **G59699** **(0)**

1. Corporation Name
**CHOICE PEST CONTROL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3810 SE LAKE WEIR AVE<br>OCALA FL 34474<br>US | 3810 SE LAKE WEIR AVE<br>OCALA FL 34480<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1983**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21: 6694 SE 58th Avenue
22: Suite, Apt. #, etc.
23: City & State: Ocala
24: Zip: 34480
25: Country: Marion

2a. Mailing Address
26: 6694 SE 58th Avenue
27: Suite, Apt. #, etc.
28: City & State: Ocala
29: Zip: 34480
30: Country: Marion

4. FEI Number: **59-2349155** ☐ 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

**RIPLEY JR., RAYMOND**
**235 NE 6TH AVE.**
**DELRAY BEACH FL 33483**

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | TIPSWORD, ROBERT | 12 NAME | |
| STREET ADDRESS | 2821 SW 7TH AVENUE | 13 STREET ADDRESS | |
| CITY ST ZIP | OCALA FL | 14 CITY ST ZIP | |
| TITLE | VS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | TIPSWORD, VICKI L. | 22 NAME | |
| STREET ADDRESS | 2821 SW 7TH AVENUE | 23 STREET ADDRESS | |
| CITY ST ZIP | OCALA, FL. | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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 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:** Vicki L. Tipsword Vicki L. Tipsword 6/12/94 904-245-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112306 CP