

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:07

DOCUMENT # **G76999** (3)
1. Corporation Name
SURBURBAN PEST CONTROL OF SOUTH FLORIDA, INC.

Principal Place of Business
**12160 EAGLE TRACE BLVD. N.
CORAL SPRINGS FL 33071**

Mailing Address
**10910 WILES ROAD
CORAL SPRINGS FL 33076
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1983		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2375160		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		2a. Mailing Address 2b	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**UNGER, ROBERT
10910 WILES ROAD
CORAL SPRINGS FL 33065**

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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME UNGER, ROBERT	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 12160 EAGLE TRACE BLVD N		1.2 NAME	
CITY, ST, ZIP CORAL SPRINGS FL		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE STD	NAME UNGER, GAIL	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 12160 EAGLE TRACE BLVD N		2.2 NAME	
CITY, ST, ZIP CORAL SPRINGS FL		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 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 110.07(3)(b), 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: *[Signature]* **03/13/95** **4(35)753-2040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR