

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  
Apr 29 1996 8:00 am  
Secretary of State

DOCUMENT # H01159 (3)

1. Corporation Name

~~KILLINGWORTH~~ PEST CONTROL OF PENSACOLA, INC. changed  
HAFFENDEN NC 12/26/95

Principal Place of Business

Mailing Address

4141 PINE FOREST RD.  
P.O. BOX 7558 (PENSACOLA, FL 325138558)  
CANTONMENT FL 32533

4141 PINE FOREST RD.  
P.O. BOX 7558 (PENSACOLA, FL 325138558)  
CANTONMENT FL 32533



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24                             | 29                  |
| 25                             | 30                  |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                  |
| 04/27/1984  | 01/27/1995   |
| 4. FEI Number   | Applied For  |
| 59-2409555  | Not Applicable   |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEARD, JOYCE  
4141 PINE FOREST RD.  
CANTONMENT FL 32533

|  |
|--|
| 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

Signature, typed or printed name of registered agent, and if not applicable

(NOTE: Registered Agent's signature is required when filing change.)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PST<br>BEARD, JOYCE<br>10386 MERCER LANE<br>PENSACOLA FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D<br>BEARD, JOYCE<br>10386 MERCER LANE<br>PENSACOLA FL   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |   |

100001800391

-04/30/96--01009--006

\*\*\*200.00

42996

SIGNATURE:

JOYCE BEARD

4-22-96 904 476-7992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)