

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
95 JUL 21 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H48865 (0)
1. Corporation Name
PIED PIPER LAWN SPRAYING & PEST CONTROL, INC.

Principal Place of Business
**6722 ORCHID LK RD
NEW PORT RICHEY FL 34653**

Mailing Address
**6722 ORCHID LK RD
NEW PORT RICHEY FL 34653**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/19/1985

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2517167

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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**EDDY, ROBERT K ESO
777 S. HARBOUR ISLAND BLVD. #220
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 then a signature)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PSD
LAMKIN, DOUG
1424 BOYLAN AVENUE
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VPTD
STOVER, WILLIAM
4213 ELBA PL
VALRICO FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
DAY, STEVE
3104 THACKARY COURT
PLANT CITY FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
STOVER, CRAIG
4213 ELBA PL
VALRICO FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
STOVER, JEANNE
4213 ELBA PL
VALRICO FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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)(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 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:

Douglas W. Lamkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-95

(813) 461-4344