**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

APPROVED AND FILED

95 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54591** **(3)**

1. Current Name

**J. D. SMITH EXTERMINATORS OF DADE CITY, INC.**

Principal Place of Business

**15630 COUNTY LINE ROAD**
**P.O. BOX 5419**
**SPRING HILL FL 34606**

Mailing Address

**15630 COUNTY LINE ROAD**
**P.O. BOX 5419**
**SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): **05/01/1985**

3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

State Agency # (if any) — 22:

State Agency # (if any) — 27:

City & State — 23:

City & State — 28:

FEI Number: **59-2511921**

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

7a — 24: 7b — 25: 8a — 29: 8b — 30:

8. This corporation was liable for intangible tax under S. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DALTON, ROBERT P.**
**1198 MUSCOVY DR.**
**SPRING HILL FL 34608**

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 Section(s) 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

(Typed or Printed Name of Registered Agent Signing Above) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 | |
|---|---|---|---|
| 11 TITLE | TD | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | DALTON, ROBERT P. | 12 NAME | |
| 13 STREET ADDRESS | 1198 MUSCOVY DR. | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | SPRING HILL FL | 14 CITY ST ZIP | |
| 21 TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | TAFEL, JOHN H. | 22 NAME | |
| 23 STREET ADDRESS | 18528 GRACIE LEE LN | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | SPRING HILL FL | 24 CITY ST ZIP | |
| 31 TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | SMITH, JAMES D., SR | 32 NAME | |
| 33 STREET ADDRESS | 8787 E. MOCCASIN SLOGHRD | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | INVERNESS FL | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 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 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 above or on an attachment with an address.

SIGNATURE: Robert P. Dalton ROBERT P. DALTON Treasurer — 4-24-95 — (813) 856-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468393 FP