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 APR 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61763 (9)

1. Corporation Name
WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2800 NW 22ND TERRACE POMPANO BEACH FL 33069 US	30 LANDING PLAZA WEST PO BOX 367 PARSIPPANY NJ 07054-0367 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1985
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-2555629 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SAMETH, JOSEPH EDWIN	1.2 NAME	
STREET ADDRESS	45 WOODFIELD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMETH, ROBERT A.	2.2 NAME	
STREET ADDRESS	TALL PINES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW VERNON NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, BRUCE S.	3.2 NAME	
STREET ADDRESS	1822 LAMBERTS MILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SAMETH, RICHARD E.	4.2 NAME	
STREET ADDRESS	954 BARNEGAT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANTOLOKING NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	YOURISH, STUART M.	5.2 NAME	
STREET ADDRESS	9 OAK LAWN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST HANOVER NJ	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JEANNE L.	6.2 NAME	
STREET ADDRESS	521 CRESCENT PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEA GIRT NJ	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 119.07(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: _____ Robert A. Sameth 4/11/95 201 515-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004419 FP