

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81847 (6)

1. Corporation Name

5 J'S EXTERMINATING CO., INC.



Principal Place of Business

**02510 SMITTY ROAD
LADY LAKE FL 32158
US**

Mailing Address

**P. O. BOX 206
LADY LAKE FL 32158-0206
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., etc.

State, Apt., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/22/1985

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2719739

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

10. Name and Address of New Registered Agent

**JACKSON, THOMAS WILLIAM
02510 SMITTY ROAD
LADY LAKE FL 32159**

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 607.1502, 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, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

**ST
JACKSON, JOANN E.
02510 SMITTY RD.
LADY LAKE FL
P
JACKSON, THOMAS WILLIAM
02516 SMITTY RD.
WEIRSDALE FL
V
JACKSON, GLENN REEVES
02510 SMITTY ROAD
LADY LAKE, FL 32159
SD
JACKSON, JOANN E.
02510 SMITTY ROAD
LADY LAKE, FL 32159
D
JACKSON, HAROLD RAYMOND
02510 SMITTY ROAD
LADY LAKE, FL 32159**

☐ DELETE
☐ DELETE
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☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

STD

☐ Change ☒ Addition
☐ Change ☐ Addition
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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 report in part 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 attached sheet with an address.

SIGNATURE:

Thomas William Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (352) 753-2547
Date Date Phone

CR2E034 (12/95)