

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H92108 (0)**

1. Corporation Name

**A & B PEST CONTROL SERVICES, INC.**

Principal Place of Business

**% WALTER SANDERS  
5121 EHRLICH ROAD BLDG. 107-B  
TAMPA FL 33624**

Mailing Address

**% WALTER SANDERS  
5121 EHRLICH ROAD BLDG. 107-B  
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/26/1985**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2646926**

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**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

**21 3307 W Waters Ave**

2a. Mailing Address

**26 % Walter Sanders**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27 13910 N Dale Mabry Suite 1**

City & State

City & State

**23 Tampa, Florida**

**28 Tampa FL**

Zip

Country

Zip

Country

**24 33614**

**25 US**

**29 33618**

**30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, WALTER  
5121 EHRLICH RD.  
BLDG. 107B  
TAMPA FL 33624**

81 Name

**82 Sanders, Walter**

**83 13910 North Dale Mabry Hwy**

**84 Suite One**

**85 Tampa**

**FL**

**86 Zip Code 33618**

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

*Walter Sanders*  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PVS**  
**DAVIDSON, ALLEN**  
**7114 LAWNVIEW COURT**  
**TAMPA FL**

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**DAVIDSON, ALLEN**  
**7114 LAWNVIEW COURT**  
**TAMPA FL**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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 13, if changed, even in an attachment with an address.

SIGNATURE:

*Allen Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Allen Davidson 03-01-95 813-931-9086**