

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J44686 (0)

1. Corporation Name

ACTION EXTERMINATORS, INC.



Principal Place of Business

4575 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

Mailing Address

4575 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
12/02/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2831 Lake Vista Rd

26 2831 Lake Vista Rd

4. FEI Number
59-2742391

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

23 Jacksonville FL

28 Jacksonville FL

24 32223 25 USA

29 32223 30 USA

9. Name and Address of Current Registered Agent

HUGHES, JOE HOWARD, JR.
4575 ST AUGUSTINE RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2831 Lake Vista Rd

83

84 City

Jacksonville

FL

85 Zip Code

32223

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUGHES, JOE HOWARD, JR.
STREET ADDRESS 4575 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE V
NAME CHADDOCK, ROBERT
STREET ADDRESS 4575 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME HUGHES, JOE H SR
STREET ADDRESS 4575 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE ST
NAME HUGHES, DEBRA
STREET ADDRESS 4575 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2831 Lake Vista Rd
1.4 CITY-ST-ZIP Jacksonville FL 32223 ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10660 Elmbrook Circle
2.4 CITY-ST-ZIP Jacksonville FL 32257 ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 12359 Woodsida Lane
3.4 CITY-ST-ZIP Jacksonville FL 32223 ☒ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 2831 Lake Vista Rd
4.4 CITY-ST-ZIP Jacksonville FL 32223 ☒ Change ☐ Addition

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

6.1 TITLE ☐ Change ☐ Addition
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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Hughes Debra Hughes 4-17-96 (904)260-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)