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 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J55339** **(2)**

1. Corporation Name

QUALITY PEST CONTROL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% RICHARD O. BALDINO 1505 BROADWAY OVIEDO FL 32765	% RICHARD O. BALDINO 1505 BROADWAY OVIEDO FL 32765

3. Date Incorporated or Qualified: 02/02/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 THOMAS P MUDORE	26 THOMAS P MUDORE
Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc. SUITE 207
22 2090 FORSYTHE RD	27 2090 FORSYTHE RD
City & State	City & State
23 ORLANDO FLA	28 ORLANDO FLA
Zip / Country	Zip / Country
24 32807 / 25 ORANGE	29 32807 / 30 ORANGE

4. FEI Number: 59-2768851 ☐ 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	10. Name and Address of New Registered Agent
MUDORE, THOMAS P. 1505 WEST BROADWAY OVIEDO FL 32765	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 _____ (Signature, typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	LONG, RICHARD	12 NAME	
STREET ADDRESS	1505 WEST BROADWAY	13 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MUDORE, THOMAS P.	22 NAME	
STREET ADDRESS	1505 WEST BROADWAY	23 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MUDORE, SHARRON A.	32 NAME	
STREET ADDRESS	1505 WEST BROADWAY	33 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LONG, LOVELLA	42 NAME	
STREET ADDRESS	1505 WEST BROADWAY	43 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: Thomas P Mudore THOMAS P MUDORE 4-24-95 407-679-9585
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043488 CP