

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 # J59132 (7)
1. Corporation Name
RITE WAY PEST CONTROL, INC.



Principal Place of Business
2146 LK HOLLOWAY BLVD
P.O. BOX 281
KATHLEEN FL 33649

Mailing Address
2146 LK HOLLOWAY BLVD
P.O. BOX 281
KATHLEEN FL 33649

3. Date Incorporated or Qualified 02/24/1987
3a. Date of Last Report 05/01/1995
4. FEL Number 59-2791406
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

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

9. Name and Address of Current Registered Agent

STEPHENS, MARSHALL R.
2146 LK HOLLOWAY BLVD
LAKELAND FL 33801

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: *Marshall R. Stephens*
Signature, typed or printed name of registered agent and title if applicable

Marshall R. Stephens
(NOTE: Registered Agent's signature required when resigning)

3-28-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, BRIAN E.	
STREET ADDRESS	2146 LK HOLLOWAY BLVD.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	STEPHENS, MARSHALL R.	
STREET ADDRESS	2146 LK HOLLOWAY BLVD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHENS, TERESA L	
1.3 STREET ADDRESS	2146 LK HOLLOWAY BLVD	
1.4 CITY-STATE-ZIP	LAKELAND, FL 33801	
2.1 TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEPHENS, MARSHALL R	
2.3 STREET ADDRESS	210 LK HOLLINGSWORTH DR #1401	
2.4 CITY-STATE-ZIP	LAKELAND, FL 33803	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Marshall R. Stephens* *MARSHALL STEPHENS* 3-28-96 941-858-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)