FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jul 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # J81336 (6)HOLLON EXTERMINATING, INC. Principal Place of Business Mailing Address 10010 OLD DADE CITY ROAD 10010 OLD DADE CITY ROAD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/07/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2837554 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name VINING, C. GEOFFREY 10010 OLD DADE CITY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33807 83 84 City Zip Code 85 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 little if applicable (NOTE: Registered Agent a gnature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HOLLON, ALAN MICHAEL NAME 1.2 NAME 10010 OLD DADE CITY RD. 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HOLLON, ANGELA KAREN NAME 2.2 NAME 10010 OLD DADE CITY RD. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 3.1 TITUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Change Addition TITLE 5.1 1/TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing 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.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

Anglik Illan