

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 APR 26 PM 12: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K08429

(8)

1. Corporation Name

AMER TERMITE, INC.

Principal Place of Business

**5319 24TH ST. W.
P.O. BOX 10125
BRADENTON FL 34262**

Mailing Address

**5319 24TH ST. W.
P.O. BOX 10125
BRADENTON FL 34262**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1987

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21 2021 DESOTO RD

2a. Mailing Address

26 P O BOX 1478

4. FEI Number

65-0029644

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 SARASOTA, FL

City & State

28 TALLAVAST, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 34234

Country

25 SARASOTA

Zip

29 34270

Country

30 MANATEE

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SILVIS, JOHN D.
5319 24TH ST. W.
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name

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

2021 DESOTO RD

83

84 City

SARASOTA

FL

85 Zip Code

34234

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

John D. Silvis
Signature of registered agent or printed name of registered agent and title if applicable

John D. Silvis
(NOTE: Registered Agent signature required when reappointing)

DATE

4-21-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SILVIS, JOHN D.
5319 24TH ST W
BRADENTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**2021 DESOTO RD
SARASOTA, FL 34234**

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

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 110.07(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 its 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 or is changed, or on an attachment with an address.

SIGNATURE:

John D. Silvis

JOHN D. SILVIS

8.13 35B-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number