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 28 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K40737 (4)

1. Corporation Name
ABZ EXTERMINATORS, INC.

Principal Place of Business	Mailing Address
1595 MEARS DRIVE MARGATE FL 33063 US	1595 MEARS DRIVE MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1587 BANKS ROAD
22 Suite, Apt. #, etc.: MARGATE FL
23 City & State:
24 Zip: 33063
25 Country: USA

2a. Mailing Address
26: 1587 BANKS ROAD
27 Suite, Apt. #, etc.:
28 City & State: MARGATE FL
29 Zip: 33063
30 Country: USA

4. FEI Number: 65-0076444 ☐ 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

BORRERO, MARIA
4956 N.W. 16TH STREET
MARGATE FL 33063-3723

10. Name and Address of New Registered Agent

81 Name: BORRERO, MARIA
82 Street Address (P.O. Box Number is Not Acceptable): 1587 BANKS ROAD
83:
84 City: MARGATE FL 85 Zip Code: 33063

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	PDT ☒ Change ☐ Addition
NAME	MARQUINA, CARMEN	12 NAME	MARQUINA, CARMEN
STREET ADDRESS	4956 NW 16TH STREET	13 STREET ADDRESS	1587 BANKS ROAD
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	MARGATE, FL. 33063
TITLE	VSD	21 TITLE	VSD ☐ Change ☐ Addition
NAME	BORRERO, MARIA	22 NAME	BORRERO, MARIA
STREET ADDRESS	4956 NW 16TH STREET	23 STREET ADDRESS	1587 BANKS ROAD
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	MARGATE, FL 33063
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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: x Carmen Marquina
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0425183 FP