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 2:07
TALLAHASSEE, FLORIDA

DOCUMENT # **L01383** **(3)**

1. Corporate Name
TENACE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8875 CORAL SPRINGS FL 33075 US	P.O. BOX 8875 CORAL SPRINGS FL 33075 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1989**
3a. Date of Last Report: **12/29/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0132347** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TENACE, DANIEL A
1835 UNIVERSITY DR.
CORAL SPRINGS FL 33071

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 (Signature of new registered agent required for registered agent changes) DATE

12. OFFICERS AND DIRECTORS		13. (Attach additional pages if necessary)	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TENACE, DANIEL A	12 NAME	
STREET ADDRESS	1835 UNIVERSITY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	TENACE, PATRICIA A	22 NAME	ST ROBERT N. TENACE
STREET ADDRESS	1835 UNIVERSITY DR.	23 STREET ADDRESS	1835 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	24 CITY-ST-ZIP	CORAL SPRINGS FL 33071
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, and any attachments hereto, 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 above or on an attachment with an address.

SIGNATURE: [signature] 4-30-95 (Date) 305-752-0700 (Telephone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (OR AUTHORIZED AGENT OF DIRECTOR OR OFFICER)

0004080 FP