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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...CORPORATION... ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

700001476857
-05/05/95--01006--009
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # L09897

1. Corporation Name

Total Professional Services Inc. DBA Ed's Pest Control

Principal Place of Business	Mailing Address
6925 Johnson Street Hollywood, FL. 33026	

3. Date Incorporated or Qualified: 8/15/80
3a. Date of Last Report:

2. Principal Place of Business
21: Same as Above
Suite, Apt #, etc 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt #, etc 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0137338 ☐ 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	10. Name and Address of New Registered Agent
Carol Gotfraind P-D 12261 NW 15 Street Pembroke Pines, FL. 33026	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: Carol Gotfraind P-D — 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P-D	11 TITLE	☐ Change ☐ Addition
NAME	Carol Gotfraind	12 NAME	
STREET ADDRESS	12261 NW 15 Street	13 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL. 33026	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	Kipp Gotfraind	22 NAME	
STREET ADDRESS	7711 NW 15 Count	23 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL. 33024	24 CITY ST ZIP	
TITLE	S-T	31 TITLE	☐ Change ☐ Addition
NAME	Kim Gotfraind	32 NAME	
STREET ADDRESS	12261 NW 15 Street	33 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL. 33026	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	

$ 55

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: Carol Gotfraind — 4/28/95 — President & Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

305-981-8576