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 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16078** **(2)**

1. Corporation Name
PERSCHEL & MEYER PEST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
334 5TH AVE., SOUTH P.O. BOX 51607 JACKSONVILLE BEACH FL 32240-0607	334 5TH AVE., SOUTH P.O. BOX 51607 JACKSONVILLE BEACH FL 32240-0607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21: 334 5th Ave S. ~~32240-1607~~
22: Suite, Apt. #, etc.
23: City & State: Jax Beach FL
24: Zip: 32250
25: Country: USA

2a. Mailing Address
26: P.O.B 51607, ~~Jax Bch, FL 32240-1607~~
27: Suite, Apt. #, etc.
28: City & State: Jax Beach FL
29: Zip: ~~32240-1607~~ 32250
30: Country: USA

4. FEI Number: 59-2967235 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PERSCHEL SR, MARK K.
334 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32240

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 _____ 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	DVT	1.1 TITLE	☐ Change ☐ Addition
NAME	PERSCHEL, MARK K SR	1.2 NAME	
STREET ADDRESS	2755 SEBASTIAN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, ROBERT H JR	2.2 NAME	
STREET ADDRESS	719 MCCULLUM CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, TERI	3.2 NAME	
STREET ADDRESS	719 MCCULLUM CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PERSCHEL, LINDA	4.2 NAME	
STREET ADDRESS	2759 SEBASTIAN CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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: [signature] 4-10-95 904 241 3409
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407097 FP