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 21 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23282 (1)

1. Corporation Name

LIGHTNING DO YOUR OWN PEST CONTROL, INC.

Principal Place of Business	Mailing Address
8412 SHELDON RD. ~~PO BOX 742~~ TAMPA FL 33615 US	8412 SHELDON RD ~~PO BOX 742~~ TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 8412 SHELDON RD
22: Suite, Apt. #, etc.
23: City & State: TAMPA FL ~~33615~~
24: Zip: 33615 25: Country: US

2a. Mailing Address
26: 8412 SHELDON RD
27: Suite, Apt. #, etc.
28: City & State: TAMPA FL
29: Zip: 33615 30: Country: US

4. FEI Number: 65-0153127 ☐ 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

TARMAN, RICHARD E.
~~102 KENTUCKY AVENUE~~
~~CRYSTAL BEACH FL 34681-7742~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 11105 FERNWAY LANE
83:
84 City: DADE CITY FL 85 Zip Code: 33525

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, type or print 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TARMAN, RICHARD E.	1.2 NAME	
STREET ADDRESS	11105 FERNWAY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	TARMAN, E JEAN	2.2 NAME	
STREET ADDRESS	11105 FERNWAY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLIFF, ALICE M	3.2 NAME	
STREET ADDRESS	29744 67TH ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☒ Addition
NAME	CLIFF, MICHAEL J.	4.2 NAME	
STREET ADDRESS	29744 67TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER 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)(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: Richard E Tarman 4-17-95 Richard E. Tarman (813) 885-1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

000744 CP