

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
Restatement
1996



FLORIDA DEPARTMENT OF STATE
Sandra G. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 AM 9:56

DOCUMENT # **L26036** (8)

1. Corporation Name

TARGET PEST SERVICES, INC.

Principal Place of Business

**7004 BEECHFERN LANE S.
JACKSONVILLE FL 32244**

Mailing Address

**7004 BEECHFERN LANE S.
JACKSONVILLE FL 32244**

2. Principal Place of Business

21 **2175 Kingsley Ave.** 26 **P.O. Box 2189**

22 **S-320**

23 **Orange Park, FL.** 27 **Orange Park, FL.**

24 **32073** 25 **CLAY** 28 **32067** 29 **CLAY**

9. Name and Address of Current Registered Agent

**STEVENS, RONNIE L., JR.
7004 BEECHFERN LANE SOUTH
JACKSONVILLE FL 32244**

81 Name

82 **2175 Kingsley Ave.**

83 **S-320**

84 **Orange Park FL 32073**

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
10/25/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2974771

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

11. Pursuant to the provisions of Sections 607.0202 and 607.1503, 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 **Ronnie L. Stevens PD** **Ronnie L. Stevens** **9-30-96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STEVENS, RONNIE L.	
STREET ADDRESS	7004 BEECHFERN LANE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	STEVENS, SUSAN K.	
STREET ADDRESS	7004 BEECHFERN LANE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2175 Kingsley Ave. S-320
1.4 CITY-ST-ZIP	Orange Park, FL. 32073
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2175 Kingsley Ave. S-320
2.4 CITY-ST-ZIP	Orange Park, FL. 32073
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	300002002103
4.4 CITY-ST-ZIP	-11/13/96--01020-014
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	300002002103
5.4 CITY-ST-ZIP	-11/13/96--01020-015
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	****225.00 ****225.00
6.4 CITY-ST-ZIP	****150.00 ****150.00

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: **Ronnie L. Stevens** **9-30-96** **904-276-0901**
Ronnie L. Stevens