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 27 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41786** **(9)**

1. Corporate Name
ECO-LOGIC PEST CONTROL SYSTEMS, INC.

Principal Place of Business	Mailing Address
12359 WOODSIDE LANE JACKSONVILLE FL 32223	12359 WOODSIDE LANE JACKSONVILLE FL 32223

(Moving 5/1/95)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 4575 St Augustine Rd	26 4575 St Augustine Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32207 Country 25 USA	Zip 29 32207 Country 30 USA

4. FEI Number: 59-2995481 ☐ 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

HUGHES, JOE
12359 WOODSIDE LANE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: Hughes, Joe Howard, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4575 St Augustine Rd
83
84 City: Jacksonville FL 85 Zip Code: 32207

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] Joe Hughes Jr. 4/24/95
(Signature, Type or Print Name of Person Executing Application) (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	HUGHES, JOE	12 NAME	Hughes, Joe Howard, Jr.	
STREET ADDRESS	12359 WOODSIDE LANE	13 STREET ADDRESS	4575 St Augustine Road	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville FL 32207	
TITLE		21 TITLE	V,S,T	☐ Change ☑ Addition
NAME		22 NAME	D Hughes, Debra	
STREET ADDRESS		23 STREET ADDRESS	4575 St Augustine Rd	
CITY ST ZIP		24 CITY ST ZIP	Jacksonville FL 32207	
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		

ck 5/1/95

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: [signature] Joe Hughes Jr. 4/24/95 (904)398-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0023567 CP