

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # L62986 (9)

1. Corporation Name

GREENTEC PEST CONTROL, INC.

95 MAY -1 AM 11:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**MICHAEL J. MCCARTHY
8610 ORETO DR
PORT RICHEY FL 34668-2919**

Mailing Address

**MICHAEL J. MCCARTHY
8610 ORETO DR
PORT RICHEY FL 34668-2919**

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or Qualified) **04/02/1990** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2999158** 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 filing fees for orders of dissolution ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

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State Apt. #, etc.

22

State Apt. #, etc.

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City & State

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City & State

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City

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City

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City

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City

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9. Name and Address of Current Registered Agent

**MCCARTHY, MICHAEL J.
7307 DOGLEG COURT
PORT RICHEY FL 34668**

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

(Signature of Registered Agent required for filing)

(Signature of Registered Agent required for filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCARTHY, MICHAEL J.
STREET ADDRESS	7307 DOGLEG COURT
CITY, ST, ZIP	PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I 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)(b), 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 owner of a fraction empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, director, or owner.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

813-847-6233
Telephone Number