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 MAY -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M38705** **(3)**

1. Corporate Name
G & P.M. PEST CONTROL, INC.

Principal Place of Business	Mailing Address
441 FLORIDA BLVD. P.O. BOX 441923 MIAMI FL 33144-9998	441 FLORIDA BLVD. P.O. BOX 441923 MIAMI FL 33144-9998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **7919 NW 64th Street**
22 Suite, Apt. #, etc.
23 City & State: **Miami, Fl 33166**
24 Zip
25 County: **DADE**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: **59-2742244** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLINA, GERARDO
441 FLORIDA BLVD.
MIAMI FL 33144

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MOLINA, GERARDO	2 NAME	
STREET ADDRESS	441 FLORIDA BLVD	3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MOLINA, PAULINA A.	22 NAME	
STREET ADDRESS	441 FLORIDA BLVD	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is accurate, and that proper fees have been paid. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 1 or Block 11 above or on an attachment with an asterisk.

SIGNATURE: Paulina A. Molina *Paulina A. Molina* **4-30-95** **(305) 471-0003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0420053 FP