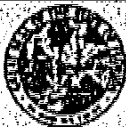


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:21

DOCUMENT # M69866 (5)

1. Corporation Name
PREMIUM PEST CONTROL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

10791 NW 53 STR
STE 105
SUNRISE FL 33351
US

Mailing Address

10791 NW 53 STR
STE 105
SUNRISE FL 33351
US

3. Date Incorporated or Qualified

02/29/1988

3a. Date of Last Report

03/03/1994

4. FBI Number

65-0055399

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

2. Principal Place of Business

21 878 GARNET Cir.

2a. Mailing Address

26 878 GARNET Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

24 33326

Country

25 USA

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

DUCCESCHI, RICHARD GEORGE
12201 N.W. 29TH MANOR
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
DUCCESCHI, RICHARD GEORGE

82 Street Address (P.O. Box Number is Not Acceptable)

878 GARNET Cir.

83

84 City

FT. LAUDERDALE

FL

85

Zip Code

33326

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DUCCESCHI, RICHARD G.
STREET ADDRESS 12201 N.W. 29TH MANOR
CITY-ST-ZIP SUNRISE FL

TITLE D
NAME DUCCESCHI, TAMMY SUE
STREET ADDRESS 12201 N.W. 29TH MANOR
CITY-ST-ZIP SUNRISE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP

DUCCESCHI, CANDY

878 GARNET Cir.

FT. LAUDERDALE, FL 33326

XX Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 110.07(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 or in an attachment with an address.

SIGNATURE:

Richard G. Ducceschi Richard G. Ducceschi 3/2/95

305-389-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number