

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85961 (4)

1. Corporation Name

PROFESSIONAL PEST CONTROL PRODUCTS OF FLORIDA, I
NC.

Principal Place of Business

3415 S. DALE MABRY
TAMPA FL 33629

Mailing Address

3415 S. DALE MABRY
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1988

3a. Date of Last Report

02/25/1994

4. FEI Number

65-0095725

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 3419 S. DALE MABRY

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMER, BEN F. III
4023 W ALVA ST #2
TAMPA FL 33614

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, 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 P
NAME NELSON, HANNE A
STREET ADDRESS 3415 S. DALE MABRY HWY.
CITY - ST - ZIP TAMPA FL

TITLE VP
NAME ZIMMER, BEN F III
STREET ADDRESS 4023 W. ALVA ST., #2
CITY - ST - ZIP TAMPA FL

TITLE SD
NAME ROSE, LYNDIA
STREET ADDRESS 1912B 17T AVE.
CITY - ST - ZIP COLUMBUS GA

TITLE SD
NAME ROSE, LYNDIA
STREET ADDRESS 1912B 17TH AVE
CITY - ST - ZIP COLUMBUS GA

TITLE P
NAME NELSON, HANNE A
STREET ADDRESS 3415 S. DALE MABRY HWY.
CITY - ST - ZIP TAMPA FL

TITLE VP
NAME ZIMMER, BEN F III
STREET ADDRESS 4023 W. ALVA ST.
CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(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 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:

BEN F. ZIMMER III
VICE-PRES.

Date

Daytime Phone #