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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N47044 (5)
1. Corporation Name

ROLLINS BEDFORD CORPORATION



Principal Place of Business

Mailing Address

500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751

500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751

3. Date Incorporated or Qualified

12/31/1991

4. FEI Number

37-0908840

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, TAMARA L
2400 BEDFORD ROAD
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
111 North Orlando Avenue

83

84 City Winter Park

FL

85 Zip Code 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

Tamara L. Trimble

(NOTE: Registered Agent signature required when reinstating)

1/23/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME BLAIR, MARDIAN
STREET ADDRESS 111 N ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32789

TITLE STD
NAME CENTER, RICHARD
STREET ADDRESS 3978 MEMORIAL DRIVE
CITY-ST-ZIP DECATUR GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32751

TITLE PD
NAME CHOBAN, GLEN
STREET ADDRESS 500 WINDERLEY PLACE
CITY-ST-ZIP MAITLAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32789

TITLE SD
NAME SKILTON, GARY
STREET ADDRESS 111 N ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 30032

TITLE D
NAME CAMP, VANN
STREET ADDRESS 500 WINDERLEY PL., SUITE 115
CITY-ST-ZIP MAITLAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 32751

TITLE SVP
NAME REINER, RICH
STREET ADDRESS 601 EAST ROLLINS
CITY-ST-ZIP ORLANDO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 76028

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glen Choban

1/23/98 (407) 660-2440

CR2E037 (10/97)