2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093125

Entity Name: TURNER PEST MANAGEMENT INC.

FILED May 01, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 RIVERSIDE AVE., SUITE 902 9995 GATE PARKWAY NORTH, SUITE 330 JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

501 RIVERSIDE AVE, SUITE 902 9995 GATE PARKWAY NORTH, SUITE 330

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32246

FEI Number: 11-3653140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUDSON, ASHTON HUDSON, ASHTON

501 RIVERSIDE AVE., SUITE 902 9995 GATE PARKWAY NORTH, SUITE 330

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32246

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/01/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

FRANKLIN, BEN T JR Name:

9995 GATE PARKWAY NORTH, SUITE 330 Address:

City-St-Zip: JACKSONVILLE, FL 32246

Title:

Name: MILLER, SCOTT C 3333 ATLANTIC BLVD Address: JACKSONVILLE, FL 32247 City-St-Zip:

Title:

CAHOON, ARTHUR L Name:

9995 GATE PARKWAY NORTH, SUITE 330 Address:

City-St-Zip: JACKSONVILLE, FL 32246

Title:

HUDSON, ASHTON Name:

Address: 9995 GATE PARKWAY NORTH, SUITE 330

JACKSONVILLE, FL 32246 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASHTON HUDSON D 05/01/2012