

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04761 (3)**

1. Corporation Name

**TRULY NOLEN EXTERMINATING, INC.**



Principal Place of Business

3620 EAST SPEEDWAY  
TUCSON AZ 85716

Mailing Address

3620 EAST SPEEDWAY  
TUCSON AZ 85716

3. Date Incorporated or Qualified  
**01/24/1985**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**86-0169166**

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

9. Name and Address of Current Registered Agent

**WEKSLER, BERNARD B.  
GABLES INTERNATIONAL PLAZA  
2655 LEJEUNE ROAD/5TH FLOOR  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81

Name

**C T CORPORATION SYSTEM**

82

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

**1200 South Pine Island Road**

83

84

City

**Plantation**

**FL**

85

Zip Code

**33324**

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

*William C. Bradford, Jr.*

**William C. Bradford, Jr., Vice President, April 5, 1996**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<del>PDS</del> CHAIRMAN	NOLEN, TRULY DAVID	3620 EAST SPEEDWAY	TUCSON AZ	<input type="checkbox"/>
<del>TD</del> DIRECTOR	SPALDING, WILLIAM	3620 EAST SPEEDWAY	TUCSON AZ	<input type="checkbox"/>
TD	HOERGER, ROBERT F.	3620 EAST SPEEDWAY	TUCSON AZ	<input checked="" type="checkbox"/>
<del>TD</del> VICE PRESIDENT	HARTLEY ROBERT W.	3620 E. SPEEDWAY	TUCSON AZ	<input type="checkbox"/>
<del>DS</del> DIRECTOR/SECRETARY	NOLEN, TRULY WILLIAM	3620 EAST SPEEDWAY	TUCSON AZ	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PRESIDENT	SCOTT NOLEN	234 N. ORANGE BLOSSOM TRAIL	ORLANDO, FLORIDA 32805	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT/TREASURER	KRIS BROWN	3620 E. SPEEDWAY	TUCSON, ARIZONA 85716	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P./WESTERN OPERATIONS	STEVE GREENHALGH	3651 E. BASELINE RD. #234 A#B	GILBERT, ARIZONA 85234	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P./EASTERN OPERATIONS	RON DESEAR	2525 WHITFIELD INDUSTRIAL WAY	SARASOTA, FL. 34243	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>DELETE</td> <td>Change</td> <td>Addition</td>	STREET ADDRESS	CITY-ST-ZIP	DELETE	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 119.07(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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*V.P./TREASURER*  
**KRIS BROWN**

4-10-96

(800) 528-3442

CR2E034 (12/95)