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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26111** (5)

1. Corporation Name
RENTOKIL, INC.-PEST CONTROL SERVICES

Principal Place of Business 4067 INDUSTRIAL PARK DRIVE NORCROSS GA 30071	Mailing Address 4067 INDUSTRIAL PARK DRIVE NORCROSS GA 30071-1638
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1989	3a. Date of Last Report 02/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1820115		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PD MANNING, DOUGLAS R.		Pres./Dir Jeffrey M. Maribla
STREET ADDRESS	4067 INDUSTRIAL PARK DR	1.3 STREET ADDRESS	4067 Industrial Park Dr.
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	NORCROSS GA 30071
TITLE	NAME	2.1 TITLE	2.2 NAME
	DVP IANS, HOUGH		
STREET ADDRESS	1501 REEDSDALE ST., #501	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
	ST FURNIA, MARK S.		Sec./Treas./Dir
STREET ADDRESS	4067 INDUSTRIAL PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
	D THOMPSON, CLIVE M.		
STREET ADDRESS	FELCOURT, EAST GRINSTEAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SUSSEX, ENGLAND	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
	D WARD, CLIVE M.		John R. Cottrill (Dir)
STREET ADDRESS	FELCOURT EAST GRINSTEAD	5.3 STREET ADDRESS	17 Executive Park Suite 600
CITY-ST-ZIP	WEST SUSSEX EN	5.4 CITY-ST-ZIP	Atlanta GA 30229
TITLE	NAME	6.1 TITLE	6.2 NAME
	VP LONGFELLOW, DOUGLAS		
STREET ADDRESS	1779 WEST HILLSBOROUGH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 of Block 13, unchanged, on an attachment with an address.

SIGNATURE: Mark S. Furnia 1-30-97 (770) 623-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)