

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1989

4. FEI Number

58-1820115

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MARIOLA, JEFFREY M.  
STREET ADDRESS 4067 INDUSTRIAL PARK DR  
CITY-ST-ZIP NORCROSS GA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME FURNA, MARK S.  
STREET ADDRESS 4067 INDUSTRIAL PARK DR  
CITY-ST-ZIP NORCROSS GA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME THOMPSON, CLIVE M.  
STREET ADDRESS FELCOURT, EAST GRINSTEAD  
CITY-ST-ZIP WEST SUSSEX, ENGLAND

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME COTTRILL, JOHN R.  
STREET ADDRESS 17 EXECUTIVE PARK, SUITE 600  
CITY-ST-ZIP ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME LONGFELLOW, DOUGLAS  
STREET ADDRESS 1779 WEST HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 its 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:

3-5-98

770-623-1002

CP2E034 (10/97)