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95 MAY - 1 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000001014 (9)
1. Corporation Name
ZION TERMITE AND PEST CONTROL, INC.

Principal Place of Business Mailing Address
**6314 CORPORATE CT
C-1
FT. MYERS FL 33919
US** **6314 CORPORATE CT
C-1
FT. MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-----------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 10/26/1992 | 06/03/1994 |
| 22 Suite, Apt. #, etc | | 27 Suite, Apt. #, etc | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 65-0366403 | Not Applicable |
| 24 Zip | | 29 Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | 31 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 27 | | 32 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | 33 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29 | | 34 | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RUSSELLO, JOSEPH 1942 BEACH PKWY #204 CAPE CORAL FL 33904 | | | | B1 | Name | | |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | B3 | | | |
| | | | | B4 | City | FL | B5 |

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUSSELLO, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 1942 BEACH PKWY #204 | 1.3 STREET ADDRESS | TORRE, DOREEN |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | 13605 ADMIRAL CT FT. MYERS, FL. 33912 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 on an attachment with an address.

SIGNATURE: Joseph Russello 4-28-95 (813) 432-0091
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR DATE Telephone Number