

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JANUARY 1, 1998.
AMOUNT DUE ON LR RESPONSE 8/9/95: \$225 (IF DISSOLVED); EXEMPTION AMOUNT DUE TO INCORPORATE: \$975

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003851 (1)

1. Corporation Name

COASTAL PEST SERVICES, INC.

Principal Place of Business

11248-2 DISTRIBUTION AVE E
JACKSONVILLE FL 32256
US

Mailing Address

P O BOX 56934
JACKSONVILLE FL 32241-6934
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

59-3156288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

RICHARDSON, JOHN B
11248-2 DISTRIBUTION AVE E
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RICHARDSON, JOHN B
STREET ADDRESS 5433 AUTUMN BROOK TRAIL NORTH
CITY - ST - ZIP JACKSONVILLE FL 32258

TITLE D
NAME MCQUARRY, JOHN
STREET ADDRESS 5433 AUTUMN BROOK TRAIL NORTH
CITY - ST - ZIP JACKSONVILLE FL 32258

TITLE DP
NAME RICHARDSON, CHARLES T
STREET ADDRESS 11248-2 DISTRIBUTION AVE E
CITY - ST - ZIP JACKSONVILLE FL

TITLE DVP
NAME TURNER, RUSSELL N
STREET ADDRESS 11248-2 DISTRIBUTION AVE E
CITY - ST - ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Russell N. Turner Vice President 7/25/95 904-292-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)