

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P93000006605 (8)

1. Corporation Name

ACE PROFESSIONAL PEST CONTROL OF GAINESVILLE, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2525 NE 19TH DR.
GAINESVILLE FL 32609

2525 NE 19TH DR.
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3162608

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDDY ROBERT ESQ.
777 S. HARBOR ISLAND BLVD., # 220
TAMPA FL 33311**

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 15% shareholder)

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PS**
NAME: **WARE TERRY**
STREET ADDRESS: **2520 FALCON TRACE DR.**
CITY ST ZIP: **JACKSONVILLE FL 32222**

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

TITLE: **TD**
NAME: **STOVER WILLIAM**
STREET ADDRESS: **4213 ELDA PL.**
CITY ST ZIP: **VALRICO FL 33594**

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

TITLE: **VPD**
NAME: **DAY STEVEN**
STREET ADDRESS: **3104 THACKERY CT**
CITY ST ZIP: **PLANT CITY FL 33567**

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

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

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

TITLE:
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 (we) hereby certify that the information supplied with this filing is voluntarily furnished and claims not equity 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:

Terry Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95

(Type)

(904)

371-3531

(Typed Name & Phone No.)