

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000007973 (9)

1. Corporation Name

PRO-LINE PROFESSIONAL PEST CONTROL SUPPLIES, INC

95 APR 25 AM 8:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**153 CATALINA DRIVE
DEBARY FL 32713**

Mailing Address

**153 CATALINA DRIVE
DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

06/01/1994

4. FEI Number

59-3164781

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2421 Enterprise Rd.

2a. Mailing Address

Suite, Apt. #, etc.

22. City & State

23 Orange City

27. City & State

28. City & State

24. Zip Country
32763-7964 Volusia

29. Zip Country
30

9. Name and Address of Current Registered Agent

**TANNER, A W
153 CATALINA DRIVE
DEBARY FL 32713**

10. Name and Address of New Registered Agent

81. Name

A. W. Tanner

82. Street Address (P.O. Box Number is Not Acceptable)

83 153 Catalina Drive

84. City

DeBary, Fl

FL

85. Zip Code

32713

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)
Signature, typed or printed name of registered agent and fee if applicable.

A. W. Tanner, President

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TANNER, A W
153 CATALINA DRIVE
DEBARY FL 32713**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TANNER, LINDA M
153 CATALINA DRIVE
DEBARY FL 32713**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 110.07(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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. W. Tanner

(Signature)
Date

904-775-1931
(Toll-Free Number)