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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

3760 SANTA BA		DOCUMENT # P9300015054 (8) 1. Corporation Name CERTIFIED TERMITE & PEST CONTROL SPECIALISTS INC .					
Principal Place of Business 3760 SANTA BARBARA PL SE CAPE CORAL FL 33904		Mailing Address 3760 Santa Barbara PL SE Cape Coral Fl 33904					
					<ol> <li>Date Incorporated or Qualifit</li> <li>02/26/1993</li> </ol>	ed 3a. Date of Las 04/25/	t Report <b>1995</b>
2. Principal Place	e of Business	2a. Mailing Ad	ldress		4. FEI Number 65-0388252	_	Applied For Not Applicable
Suite, Apt. #, etc.		26 Suite, Apt	. #, etc.		5. Certificate of Status Desired	T	.75 Additional
2		27   City & Sta	te		6. Election Campaign Financin	g <b>\$5</b>	5.00 May Be
City & State		28			Trust Fund Contribution	LJ A	dded to Fees
Zip 4	Country 25	Ζ <sub>I</sub> ρ	30	Country		Yes 🔲 No	
	9. Name and Address of Cur	rent Registered Age	nt	81 Name	10. Name and Address of Ne	w Registered Agent	
KEMNITZ,	CDANY				ddress (P.O. Box Number is Not Acce	ntable)	
	nta Barbara PL SE				ddress (F.O. Box Namber is Not Acce		
	ORAL FL 33904			83			
				84 City		FL 85	Zip Code
or registered familiar with	the provisions of Sections 607.0 diagent, or both in the State of I h, and accept the obligations of S	Section 607.0505, Flori	ida Statutes	above named con the corporation's b	rporation submits this statement for the board of directors. Thereby accept the	DATE.	
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO		Addit on
TITLE	P KEMNITZ, GRADY			1 1 Tifle	OFFICER TINA KEMNI 3760 SE SANTAL CAPE CORAL FL		ildi: Nagition
NAME	3760 SE SANTA BARBAF	ra PK	1	1.2 NAME 1.3 STREET ADDRESS	ZIAN SESANTHL	SARBARA PE	Ĺ.
STREET ADDRESS CIEY-ST-ZIP	CAPE CORAL FL			1.4 CITY - ST - 7:P	CAPÉ CORAL FL.	3 3704	CD Addition
TiTLE				2.1101.0		Cha	ange 🔲 Addition
NAME				2 2 NAME 2 3 STREET ADDRESS			
STHEET ADDRESS				24 CITY - ST ZIP			
CITY - ST - ZIP TITLE			DELETE	3 1 TULE		☐ Cha	ange
NAME				3 2 NAME			
STREET ADDRESS			Ĭ	3.3 STREET ADDRESS			
CHY-ST-ZIP TITLE			DELETE	4 1 TiTLE		☐ Ch	ange 🔲 Addition
NAME			]	4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - S! - ZIP				44 City St ZiP		Ct	nange
TITLE			DELETE .	5 1 THTLE		الله الله	, <u> </u>
NAME				5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CiTY - S1 - 7:P			
CITY-ST-ZIP TITLE			) DELETE	6 1 TITLE		Ct	nange 🔲 Addition
NAME		_		6.2 NAME			
	:			6.3 STREET ADDRESS			
STHEST ADDRESS				1	1		
STHEET ADDRESS CITY+ST-ZIP				6.4 CiTY - ST - ZiP	 laify for the exemption stated in Sectic courage and that my signature shall ha ite this remod as required by Chapter 6	o 119.07/3\/k\ Florida	Statutes, Lfurther

GRADY KEMNITZ

4-27-96 941-540-2524