FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:21

DOCUMENT # P93000018028 (9)

1. Corporate Name
RABURN PEST CONTROL, INC.

Principal Place of Business	Mailing Address
2417 S. 77TH ST. TAMPA FL 33619	2417 S. 77TH ST TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. # or (22): Suite, Apt. # or (27):

City & State (23): City & State (28):

Zip (24): County (25): Zip (29): County (30):

4. FEI Number: 59-3173942 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RABURN, TIMOTHY S 11104 CHERRYWOOD LANE RIVERVIEW FL 33569	81 Name: RABURN, TIMOTHY S. 82 Street Address (P.O. Box Number is Not Acceptable): 1401 E. WHEELER RD 83 84 City: SEFFNER FL 85 Zip Code: 33584

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: TIMOTHY S. RABURN T. Shane Raburn 5/6/95
(Typed or Printed Name of Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: P 12 NAME: RABURN, CHARLES W 13 STREET ADDRESS: 2417 S. 77TH ST. 14 CITY ST ZIP: TAMPA FL 33619	11 TITLE: ☐ Change ☐ Addition 12 NAME: 13 STREET ADDRESS: 14 CITY ST ZIP:
21 TITLE: P 22 NAME: RABURN, TIMOTHY S 23 STREET ADDRESS: 11104 CHERRYWOOD LANE 24 CITY ST ZIP: RIVERVIEW FL 33569	21 TITLE: P ☒ Change ☐ Addition 22 NAME: RABURN, TIMOTHY S. 23 STREET ADDRESS: 1401 E. WHEELER RD. 24 CITY ST ZIP: SEFFNER, FL. 33584
31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY ST ZIP:	31 TITLE: ☐ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 34 CITY ST ZIP:
41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY ST ZIP:	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY ST ZIP:
51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP:	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP:
61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP:

REMITTED BY MAY 1

14. I 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: T Shane Raburn T. SHANE RABURN 4/24/95 (813)620-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0443857 FP