

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10: 09

DOCUMENT # P93000023048 (0)

1. Corporation Name

LAKE REGION PEST CONTROL, INC.

Principal Place of Business

1145 VERNON AVENUE NW
WINTER HAVEN FL 33881

Mailing Address

1145 VERNON AVENUE NW
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3173352

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

7. This corporation has liability for intangible tax under s. 199.09?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6446 U.S. 27.S.

Suite, Apt. #, etc

22

City & State

23 Sebring, Fl.

Zip

24 33870

Country

25 U.S.A.

2a. Mailing Address

26 6446 U.S. 27.S.

Suite, Apt. #, etc

27

City & State

28 Sebring, Fl.

Zip

29 33870

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SUMMERLIN, ROY C
1145 VERNON AVENUE NW
WINTER HAVEN FL 33881

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

Horace L. Dinkins

Horace L. DINKINS

6-9-95

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME DINKINS, HORACE L
STREET ADDRESS 1145 VERNON AVENUE NW
CITY, ST, ZIP WINTER HAVEN FL 33881

TITLE D
NAME DINKINS, DIANA G
STREET ADDRESS 1145 VERNON AVENUE NW
CITY, ST, ZIP WINTER HAVEN FL 33881

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

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Horace L. Dinkins

Horace L. DINKINS

6-9-95

841-471-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR