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

APPROVED
AND
FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065426 (7)

1. Corporation Name
CARROLLWOOD PEST CONTROL INC.

Principal Place of Business	Mailing Address
3415 EL PRADO TAMPA FL 33629 US	3415 EL PRADO TAMPA FL 33629 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3210583	☐ 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 unpaid tax under § 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, CLARENCE L SR. 3415 EL PRADO TAMPA FL 33629	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 Section 607.1501, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ Change ☐ Addition
NAME	THOMAS, CLARENCE L SR.	
STREET ADDRESS	3415 EL PRADO	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	☐ Change ☐ Addition
NAME	THOMAS, SANDRA C	
STREET ADDRESS	3415 EL PRADO	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	☐ Change ☐ Addition
NAME	GOMES, KIM L	
STREET ADDRESS	11605 WINN RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and true and correct to the best of my/our knowledge and belief. 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 1, 11, or Block 12 (if changed) or on an attachment with an address.

SIGNATURE: Clarence L Thomas Sr. 4/28/95 870 421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0301434 CP