AMENDMENT
1997

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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # P93000077158 (2)

1. Corporation Name

Advanced Pest Management, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 2110 Sylvester Road<br>Lakeland, Florida 33803-3578 | |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 2110 Sylvester Road | 26 2110 Sylvester Road | 1993 | May 1996 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3256731 | Applied For ☐ Not Applicable ☐ |
| City & State<br>23 Lakeland, Florida | City & State<br>28 Lakeland, Florida | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip / Country<br>24 33803 / 25 USA | Zip / Country<br>29 33803 / 30 USA | 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

Morrison, Joseph
5412 South Florida Avenue
Suite 8
Lakeland, FL 33813

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12 OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/S/D/T<br>John R. Wells, Sr.<br>784 Sagewood Drive<br>Lakeland, FL 33813 ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | C/P/D/T<br>David W. Huntsman<br>1239 Buena Drive<br>Lakeland, Florida 33805 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/MD<br>Tommy G. Hicks<br>1050 W. Dossey Road<br>Lakeland, FL 33813 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V/MD<br>Tommy G. Hicks<br>1050 W. Dossey Road<br>Lakeland, Florida 33813 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>Richard Stearns<br>1475 Woodlake Drive #251<br>Lakeland, FL 33803 ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D/S<br>Richard Stearns<br>1475 Woodlake Drive #251<br>Lakeland, Florida 33803 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/MD<br>Terence Antoszewski<br>2742 West Campbell Road<br>Lakeland, FL 33809 ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D/MD<br>Terence Antoszewski<br>2742 West Cambell Road<br>Lakeland, Florida 33809 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Huntsman SVP 8-22-97 941-682-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #