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 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086765 (3)**

1. Corporate Name

TRI-CO SPECIALTIES, INC.

Principal Place of Business	Mailing Address
6412 FOX HUNT LANE BRADENTON FL 34202	6412 FOX HUNT LANE BRADENTON FL 34202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1993**

3a. Date of Last Report: **05/01/1994**

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

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

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

4. FEI Number: **65-0456952** ☐ 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

HOY, WAYNE D
6412 FOX HUNT LANE
BRADENTON FL 34202

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 (Signature of Current Registered Agent Appointed Above) (If New Registered Agent Appointed Above) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOY, WAYNE D	12 NAME	
STREET ADDRESS	6412 FOX HUNT LANE	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34202	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GORDON, HUGH	22 NAME	
STREET ADDRESS	7832 40TH AVE. DR., W.	23 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34209	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PRIDGEN, C. WAYNE	32 NAME	
STREET ADDRESS	3905 31 AVE., W.	33 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34205	34 CITY ST ZIP	
TITLE		41 TITLE	VICE-PRESIDENT ☐ Change ☑ Addition
NAME		42 NAME	JAMES MILLER
STREET ADDRESS		43 STREET ADDRESS	2622 JAMAICA ST.
CITY ST ZIP		44 CITY ST ZIP	SARASOTA, FL. 34231
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 if changed or added by an attachment with an address.

SIGNATURE: Hugh P. Gordon **HUGH P. GORDON** **VICE PRES.** **5/15/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

0346818 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000086768 (7)

1. Current Name

SECURITY TERMITE & PEST CONTROL, INC.

Principal Office

2149 MCGREGOR BLVD.
SUITE 11
FT MYERS FL 33901
US

Mailing Address

P.O. BOX 3027
N. FORT MYERS FL 33918

(Do Not Write In This Space)

3. Date Incorporated or Qualified: 12/20/1993

3a. Date of Last Report: 03/31/1994

2. FEI Number: 65-0312423 — 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. Is this entity authorized to do business in Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

OTTO, MYRA E
2149 MCGREGOR BLVD.
SUITE 11
FT MYERS FL 33901

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 Section [illegible] 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. The corporation agrees to comply with the provisions of Section [illegible] Florida Statutes.

(Signature)

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	P	[ ] Change [ ] Addition
Name	RIDER, WILLIAM R JR	
Address	1102 CHRISTIAN TERR	
City-St-Zip	IMMOKALEE FL	
Title	ST	[ ] Change [ ] Addition
Name	OTTO, MYRA E	
Address	416 NE 16 PL #2	
City-St-Zip	CAPE CORAL FL	
Title	V	[X] Change [ ] Addition
Name	WILKINSON, RICHARD D	WILKINSON - Richard D.
Address	223 NE 21 PL	223 NE 21 Pl
City-St-Zip	CAPE CORAL FL	Cape Coral Fl RESIGNED
Title		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		

14. I hereby certify that the information supplied with this report is true, and I 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 13 above, if changed or added to the report.

SIGNATURE: Myra Otto Myra Otto 3-31-95 334-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410A00 FF

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

FLORIDA

DOCUMENT # P93000086985 (7)

CORAL SPRINGS BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

%MORGAN R. ROOD
3200 UNIVERSITY DR., SUITE 201
CORAL SPRINGS FL 33065

%MORGAN R. ROOD
3200 UNIVERSITY DR. SUITE 201
CORAL SPRINGS FL 33065

3. 12/20/1993

3a. 05/01/1994

2. Principal Place of Business
21 7880 N. University Dr.
22 Suite 201
23 Tamarac, FL
24 33321 25 USA

2a. Mailing Address
26 7880 N. University Dr
27 Suite 201
28 Tamarac, FL
29 33321 30 USA

4. FEI Number
65-0457057

Applied For / Not Applicable

5. [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. [ ] [X]

9. Name and Address of Current Registered Agent

ROOD, MORGAN R
3200 UNIVERSITY DR.
SUITE 201
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number Not Acceptable) 7880 N. University Dr.
83 Suite 201
84 City Tamarac FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 Morgan R. Rood Morgan R. Rood 5/18/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Only Add. [X] Change [ ] Addition)
PD ROOD, MORGAN R 3200 UNIVERSITY DR., #201 CORAL SPRINGS FL 33065	7880 N University Dr., Suite 201 Tamarac, FL 33321
V BLUM, BURTON H %9335 W. SAMPLE RD. CORAL SPRINGS FL 33065	[X] Change [ ] Addition Vice President Ronnie Guenther 8123 NW 66 Terr. Tamarac, FL 33321
S CARTER, MAUREEN %KINKO'S, 2200 UNIVERSITY DR. CORAL SPRINGS FL 33071	[X] Change [ ] Addition Secretary Marshal Kass 9130 Wiles Road, Suite 138 Coral Springs, FL 33067
T PETRAGLIA, FRANK J %1401 UNIVERSITY DR., SUITE 607 PH CORAL SPRINGS FL 33071	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations, the name and address of the registered agent and at least one officer or director must be stated above. For nonprofit corporations, the name and address of the registered agent and at least one officer or director of the corporation or the mayor of Florida municipality in which principal office is located must be stated above. I am familiar with and accept the duties and responsibilities of the registered agent.

SIGNATURE: Morgan R. Rood Morgan R. Rood 5/18/95 (305) 926-1057
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

0109363 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P93000086995 (6)

1. Entity Name

STARSHOT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1910 NW 96TH AVE MIAMI FL 33172	1910 NW 96TH AVE MIAMI FL 33172

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 12/21/1993

3a. Date of Last Report: 07/06/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0455160 — Applied For ☐ Not Applicable ☐

Suite, Apt. # or Other — 22

Suite, Apt. # or Other — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

ZIP — 24 County — 25 ZIP — 29 County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORELLI, ALEXANDER L
6601 COW PEN RD #205C
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 841 S.W. 178th Way

83

84 City: Pembroke Pines — FL — 85 Zip Code: 33029

11. Pursuant to the provisions of Section 607.0505 and/or 617.0505, 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

(If changing Registered Agent, Registered Agent must sign above) (Date)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
1 TITLE	DP	1 TITLE	P ☒ Change ☐ Addition
1 NAME	MORELLI, ALEXANDER L	1 NAME	Morelli,Alexander L.
1 STREET ADDRESS	6601 COW PEN RD #205C	1 STREET ADDRESS	841 S.W. 178th Way
1 CITY-ST-ZIP	MIAMI LAKES FL 33014	1 CITY-ST-ZIP	Pembroke Pines,FL 33029
2 TITLE	DS	2 TITLE	☐ Change ☐ Addition
2 NAME	FEIJOO, LUIS	2 NAME	
2 STREET ADDRESS	848 RAYMOND ST	2 STREET ADDRESS	
2 CITY-ST-ZIP	MIAMI BEACH FL 33141	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is willfully furnished and does not qualify for the exemptions 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Alexander L Morelli (Pres) Alexander L Morelli — 05/17/95 (Date) — (305) 592-7880 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0107060 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED ... 10:15 ... OF STATE ... FLORIDA

DOCUMENT # P93000087948 (4)

1. Corporation Name

UTEP, INC.

Principal Place of Business	Mailing Address
500 TREASURE ISLAND CAUSEWAY #107 TREASURE ISLAND FL 33706	500 TREASURE ISLAND CAUSEWAY #107 TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-3228062 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 8701 BAYPINES BLVD.
22 Suite, Apt. #, etc.:
23 City & State: ST. PETERSBURG, FL
24 Zip: 33709 25 County: PINELLAS

2a. Mailing Address: 26
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

DRISCOLL & PRATS, P.A.
501 FIRST AVE. NORTH
SUITE #700
ST. PETERSBURG FL 33701

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

Registered Agent ... Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POTYKA, ULRICH T
STREET ADDRESS	500 TREASURE ISLAND CAUSEWAY, #107
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	VD
NAME	POTYKA, SANDRA A.,
STREET ADDRESS	500 TREASURE ISLAND CAUSEWAY #107
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	STD
NAME	POTYKA, ANTIONETTE E,
STREET ADDRESS	500 TREASURE ISLAND CAUSEWAY #107
CITY-ST-ZIP	TREASURE ISLAND FL 33706
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

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] ULRICH T. POTYKA 5-18-95 813-381-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307195 CP