

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086768 (7)

1. Corporation Name

SECURITY TERMITE & PEST CONTROL, INC.



Principal Place of Business

2149 MCGREGOR BLVD.
SUITE 11
FT MYERS FL 33901
US

Mailing Address

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

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **705 PONDILLA RD**

26

4. FEI Number
65-0312423

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **H**

27

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

\$8.75 Additional Fee Required

City & State

City & State

23 **N. Ft. MYERS**

28

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

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33903**

25 **LEE**

29

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

10. Name and Address of New Registered Agent

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

81 Name **OTTO, Myra E**

82 Street Address (P.O. Box Number is Not Acceptable)

705 PONDILLA RD

83 **unit H**

84 City **N. Ft. MYERS**

FL

85 Zip Code **33903**

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, typed or printed name of registered agent (if not an officer or director)

Signature, typed or printed name of registered agent (if not an officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
RIDER, WILLIAM R JR
STREET ADDRESS **1102 CHRISTIAN TERR**
CITY-ST-ZIP **IMMOKALEE FL**

TITLE ☐ DELETE

NAME **ST**
OTTO, MYRA E
STREET ADDRESS **416 NE 16 PL #2**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☒ DELETE

NAME **V**
WILKINSON, RICHARD D
STREET ADDRESS **223 NE 21 PL**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Myra E. Otto **Myra E Otto**

5-21-96

(941)

656-1393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

DAYTIME PHONE

CR2E034 (12/95)