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 MAR 24 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000000371 (2)

1. Corporation Name

PEST DEFENSE OF MANASOTA, INC.

Principal Place of Business	Mailing Address
700 S. BABCOCK ST. SUITE 400 MELBOURNE FL 32901	700 S. BABCOCK ST. SUITE 400 MELBOURNE FL 32901

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 04/07/1994

4. FEI Number: APPLIED FOR 65 0502404 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25

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

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

HEALY, PATRICK F
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32901

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, Typed or Printed Name of Registered Agent and Title if applicable — Date (If Registered Agent Signature is required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOLEY, MILTON H.
STREET ADDRESS	~~15947 N. FLORIDA AVE.~~ 15943 N. Florida Avenue
CITY ST ZIP	LUTZ FL
TITLE	VST
NAME	TUREK, DONALD J.
STREET ADDRESS	~~15947 N. FLORIDA AVE.~~ 15943 N. Florida Avenue
CITY ST ZIP	LUTZ FL
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

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	T.S. 3/24/95	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

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] 2/7/95 813-969-0100

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

0086437 CP

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CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P94000000518 (8)

1. Corporate Name

GOLDEN EAGLE OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
5953 OX BOTTOM MANOR DR TALLAHASSEE FL 32312	5953 OX BOTTOM MANOR DR TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 01/04/1994

4. FEI Number: 59-3217251

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. Florida Statutes ☒ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	3700 GOLDEN EAGLE DRIVE	26	3700 GOLDEN EAGLE DRIVE
22	TALLAHASSEE, FL 32312	27	TALLAHASSEE, FL 32312
23	City & State:	28	City & State:
24	Zip: 32312 — 25 Country: LEON	29	Zip: 32312 — 30 Country: LEON

9. Name and Address of Current Registered Agent

CONNER, MARK A
5953 OX BOTTOM MANOR DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: CONNER, MARK A.
82 Street Address (P.O. Box Number is Not Acceptable): 7118 BEECH RIDGE TRAIL
83 TALLAHASSEE
84 City — FL — 85 Zip Code: 32312

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] 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~D~~	TITLE	P
NAME	CONNER, MARK A	NAME	CONNER, MARK A.
STREET ADDRESS	~~5953 OX BOTTOM MANOR DR~~	STREET ADDRESS	7118 BEECH RIDGE TRAIL
CITY ST ZIP	TALLAHASSEE FL 32312	CITY ST ZIP	TALLAHASSEE, FL 32312
TITLE	~~D~~	TITLE	C (XX Change)
NAME	~~PREISS, JAMES A~~	NAME	J.T. WILLIAMS, JR.
STREET ADDRESS	~~5953 OX BOTTOM MANOR DR~~	STREET ADDRESS	100 EAGLES LANDING WAY
CITY ST ZIP	~~TALLAHASSEE FL 32312~~	CITY ST ZIP	STOCKBRIDGE, GA 30281
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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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, Florida Statutes. I further certify that the information indicated on this 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] MARK A. CONNER, PRESIDENT 3/21/95 (904)893-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0406001 FR