

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 # P94000002592 (1)

1. Corporation Name

FLORIDA PESTMASTERS, INC.



Principal Place of Business

5126 ORANGE AVE
WINTER PARK FL 32792

Mailing Address

P.O. BOX 2399
GOLDEN ROD FL 32733

2842 FORSYTH RD. ST. 500
WINTER PARK, FL 32792

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2842 FORSYTH RD.

2a. Mailing Address

26 P.O. Box 2399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 500

City & State

23 WINTER PARK FL

City & State

28 GOLDENROD FL

Zip

24 32792

Country

25 ORANGE

Zip

29 32733

Country

30 SEMINOLE

4. FET Number

59-3222935

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

g. Name and Address of Current Registered Agent

RANDOLPH, SAMUEL T JR.
7429 BETTY ST.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

SAMUEL T. RANDOLPH, JR.

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

5126 ORANGE AVE

83

84 City

WINTER PARK FL

85 Zip Code

32792

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 or director (if applicable)

Signature typed or printed name of registered agent or director (if applicable)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
RANDOLPH, SAMUEL T JR.
7429 BETTY ST. 5126 ORANGE AVE
WINTER PARK FL 32792

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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)(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:

Samuel T. Randolph Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

(407) 679-5536
Customer Service

CR2E034 (12/95)