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Mailing Address

P.O. BOX 4193

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400032002

1. Corporation Name

Principal Place of Business 1655 EAST SEMORAN BLVD

RUSS FORDHAM TERMITE AND PEST CONTROL, INC.

| SUITE #1 APOPKA FL 32703 US | | US | | DO NOT WRITE IN THIS SPACE | | |
|---|--|---------------------|--|--|--------------|------------|
| | | 00 | | 3. Date Incorporated or Qualifed | | |
| | | | | 04/25/1994 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | 59-3234364 | Not | Applicable |
| Suite, Apt. 1 | # etc. | Suite, Apt. #, etc. | | | \$8.75 A | dditional |
| 22 | .,, 5.5. | 27 | | 5. Certifcate of Status Desired | Fee Red | quired |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to | - 1 |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | r Intangible | |
| 24 | 25 | 29 30 | 7 | Personal Property Tax. | ŬYes | No |
| | 9. Name and Address of Cu | | <u>' </u> | 10. Name and Address of New Registe | red Agent | |
| _ | 3. Hallo and Ada. 400 0. 02 | | 81 Name | | | |
| FORE | DHAM, EUGENE R JR | | | | | |
| | GRASMERE DR | | | Idress (P.O. Box Number is Not Acceptable) 1 Stefan Cole Lane | | |
| APOPKA FL 32703 | | | 83 | 1 Sterail Core Lane | | |
| 74 0, | | | | | | Ì |
| | | | 84 City | | 85 Zip C | ode |
| _ | | <u></u> | Apopl | | FL 3 327 | |
| 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 | | | | | | |
| DIGNATURE , | Signature, typed or printed name of registered | | gistered Agent signature requ | | | |
| 12. | OFFICERS | S AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PCOC | ☐ DELETE | 1.1 TITLE | President | Change | ☐ Addition |
| NAME | FORDHAM, RUSS | | 1.2 NAME | Russ Fordham | | J |
| STREET ADDRESS | 2238 GRASMERE DR. | | | 1501 Stefan Cole Lane | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | | Apopka, F1 32703 | | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | Apopka, TI 52705 | Change | Addition |
| NAME | FORDHAM, PATRICIA | | 2.2 NAME | Patricia Fordham | | |
| STREET ADDRESS | 2238 GRASMERE DR. | | | 1501 Stefan Cole Lane | | } |
| l j | APOPKA FL 32703 | | | Apopka, FL 32703 | | - |
| CITY-ST-ZIP TITLE | AFOFICE IL 32700 | ☐ DELETE | 3.1 TITLE | <u>прорка, те зелоз</u> | Change | ☐ Addition |
| | | | | | _ | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADORESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | □ cuange | |
| NAME | | | 4, 2 NAME | | | ì |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | Ì |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | Addition |
| NAME | | _ | 6.2 NAME | | | İ |
| 1 | | | 6.3 STREET ADDRESS | | | |
| STREET ADDRESS | | | BACTY ST 7ID | | | |

14. I hereby certify that the information supplied with this filing 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 of 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 ampowered 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 pn an attachment with an address, with all other like empowered.

SIGNATURE:

<u>Fordham, Jr. President</u>

407 880-8838