

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 APR 20 PM 2:33

DOCUMENT # P94000033901 (7)

1. Corporation Name

AMBUSH & ATTACK PEST CONTROL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

918 N 49 AVE
PENSACOLA FL 32506

Mailing Address

918 N 49 AVE
PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

4. FEI Number

59-3256011

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

2. Principal Place of Business

21 4499 Twin Oaks Dr

Suite, Apt. #, etc.

22

City & State

23 Pensacola FL

Zip

24 32506

Country

25 Escambia

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOHNSON, KATHLEEN M
918 N 49 AVE
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

WENDY DIAMOND

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

4499 TWIN OAKS DR

83

84 City

PENSACOLA

FL

85 Zip Code

32506

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

Wendy Diamond

WENDY DIAMOND

3-15-95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
WENDY DIAMOND
4499 TWIN OAKS DR
PENSACOLA FL 32506

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President
TIM DIAMOND
4499 TWIN OAKS DR
PENSACOLA FL 32506

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

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

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



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

800001463298

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***200.00 ***200.00

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 110.07(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:

Wendy Diamond

3-15-95

84 455 4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #