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 MAY -1 PM 2:27

SEC. OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P94000064039 (8)**

1. Corporation Name

~~LARRY'S LAWN & PEST CONTROL INC~~

BEST EXTERMINATING SERVICES, INC.

Principal Place of Business	Mailing Address
2825 MAGNOLIA AVE. SANFORD FL 32773	2825 MAGNOLIA AVE. SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 2450 BEARDALL AVE.	26 P.O. BOX 1883	59-3276438	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 SANFORD, FL	City & State 28 SANFORD, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32772 / 25 USA	Zip / Country 29 32772-1883 / 30 USA	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
GOTTFRIED, L. 2825 MAGNOLIA AVE. SANFORD FL 32773	81 Name: DOUGLAS CONLEY 82 Street Address (P.O. Box Number is Not Acceptable): 2450 BEARDALL AVE. 83 84 City: SANFORD FL 85 Zip Code: 32772

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: X Douglas Conley
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GOTTFRIED, L.	12 NAME	DOUGLAS CONLEY	
STREET ADDRESS	2825 MAGNOLIA AVE.	13 STREET ADDRESS	2450 BEARDALL AVE.	
CITY ST ZIP	SANFORD FL 32773	14 CITY ST ZIP	SANFORD, FL 32772	
TITLE	D	21 TITLE	S / T	☐ Change ☒ Addition
NAME	CONLEY, DOUGLAS	22 NAME	H ARR Y POWELL	
STREET ADDRESS	2825 MAGNOLIA AVE.	23 STREET ADDRESS	2450 BEARDALL AVE.	
CITY ST ZIP	SANFORD FL 32773	24 CITY ST ZIP	SANFORD, FL 32772	
TITLE		31 TITLE		☒ Change ☐ Addition
NAME		32 NAME	L. GOTTFRIED	DELETE
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Douglas Conley DOUGLAS CONLEY 4-7-95 407-328-5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0415700 FP