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 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064194 (1)**

1. Corporation Name

SUPERIOR TERMITE AND PEST CONTROL, INC.

Principal Place of Business	Mailing Address
4535 S.E. 13TH ST. OCALA FL 34471	4535 S.E. 13TH ST. OCALA FL 34471

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1994

3a. Date of Last Report: — N/A —

2. Principal Place of Business	2a. Mailing Address
21 3675 NE 36th AVE	26 4535 SE 13th St.
22 Suite, Apt. #, etc. F	27 Suite, Apt. #, etc. — N/A —
23 City & State Ocala FLA.	28 City & State Ocala FLA.
24 Zip 34479 25 Country MARION	29 Zip 34471 30 Country MARION

4. FEI Number: 59-3266306 ☐ 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

9. Name and Address of Current Registered Agent

MAY, ROBERT C
4535 S.E. 13TH ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: N/A

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: — N/A — DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV	11 TITLE	Director / President	☑ Change ☐ Addition
NAME	MAY, ROBERT C	12 NAME	Robert C. MAY	
STREET ADDRESS	4535 S.E. 13TH ST.	13 STREET ADDRESS	4535 SE 13th St.	
CITY-ST-ZIP	OCALA FL 34471	14 CITY-ST-ZIP	Ocala FL 34471	
TITLE	ST	21 TITLE	Vice President	☑ Change ☐ Addition
NAME	MAY, ANNETTE C	22 NAME	Annette C. May	
STREET ADDRESS	4535 S.E. 13TH ST.	23 STREET ADDRESS	4535 SE 13th St.	
CITY-ST-ZIP	OCALA FL 34471	24 CITY-ST-ZIP	Ocala FL 34471	
TITLE		31 TITLE	Treasurer	☐ Change ☑ Addition
NAME		32 NAME	Matthew B. White	
STREET ADDRESS		33 STREET ADDRESS	4740 NE 138th Ave Rd.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE		41 TITLE	Secretary	☐ Change ☑ Addition
NAME		42 NAME	Ralph B. Greer	
STREET ADDRESS		43 STREET ADDRESS	6534 SE 168th Ct.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Ocklawaha FL 32179	
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: Robert C. May 4-18-95 (904)694-7599

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

0961039 CP