

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 # P94000064194 (1)

1. Corporation Name

SUPERIOR TERMITE AND PEST CONTROL, INC.

Principal Place of Business

3675 N.E. 36TH AVE.  
SUITE#F  
OCALA FL 34479  
US

Mailing Address

4535 S.E. 13TH STREET  
OCALA FL 34471  
US



2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

04/20/1995

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

10. Name and Address of New Registered Agent

81 Name

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 607.0508, 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 607.0515, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Robert C. May  
4/12/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAY, ROBERT C  
STREET ADDRESS 4535 S.E. 13TH ST.  
CITY-ST-ZIP Ocala FL  
☐ DELETE

TITLE V  
NAME MAY, ANNETTE C  
STREET ADDRESS 4535 S.E. 13TH STREET  
CITY-ST-ZIP Ocala FL  
☐ DELETE

TITLE T  
NAME WHITE, MATTHEW B  
STREET ADDRESS 4740 N.E. 138TH AVE. RD.  
CITY-ST-ZIP SILVER SPRINGS FL  
☒ DELETE

TITLE S  
NAME GREER, RALPH B  
STREET ADDRESS 6534 S.E. 168TH CT.  
CITY-ST-ZIP Ocklawatta FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Treasurer  
Jonathan M. Hogan  
23424 NE 117th Ct. Rd.  
Orange Springs, FL 32182

14. I do hereby certify that the information supplied with this filing is truthfully 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. May

4/12/96 (352) 867-0855

CR2E034 (12/95)