

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P94000064194 (1)

1. Corporation Name

SUPERIOR TERMITE AND PEST CONTROL, INC.

Principal Place of Business

2023 N.E. 8TH RD.  
OCALA FL 34470  
US

Mailing Address

2023 N.E. 8TH RD.  
OCALA FL 34470-4230  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

04/16/1996

4. FCI 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

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

Robert C May

(NOTE: Registered Agent signature required when resigning)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME T  
HOGAN, JONATHAN M  
STREET ADDRESS 23424 NE 117TH CT RD.  
CITY-ST-ZIP ORANGE SPRINGS FL

TITLE ☐ DELETE

NAME S  
GREER, RALPH B  
STREET ADDRESS 6534 S.E. 168TH CT.  
CITY-ST-ZIP OCKLAWATTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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 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 4/30/97

CR2E034 (9/96)