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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:08

DOCUMENT # P94000090619 (5)

1. Corporation Name

MARIANNE MOSELLE GRACE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
6652 GLEN MEADOW LOOP LAKELAND FL 33809	6652 GLEN MEADOW LOOP LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report: No Business in Dec 1994
4. FEI Number: [struck out] 59-3286346 — 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	2a. Mailing Address
21 145 Hankin St.	26 P.O. Box
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 92509
23 City & State: Bartow, Fla	28 City & State: Lakeland, Fla.
24 Zip: 33830 — 25 Country: Polk	29 Zip: 33804 — 30 Country: Polk

9. Name and Address of Current Registered Agent

MOSELLE, MARIANNE
6652 GLEN MEADOW LOOP
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: Marianne Moselle
82 Street Address (P.O. Box Number is Not Acceptable): 6652 Glen Meadow Lp.
83
84 City: Lk. FLA 85 Zip Code: 33809

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: [signature] DATE: 2/1/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSELLE, MARIANNE
STREET ADDRESS	6652 GLEN MEADOW LOOP
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D
NAME	WIEDEMANN, ALFRED
STREET ADDRESS	LUDLOW STREET
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	MOSELLE, MICHAEL D
STREET ADDRESS	6652 GLEN MEADOW LOOP
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D
NAME	Mercier, Lawren J.
STREET ADDRESS	517 Hillside Dr.
CITY-ST-ZIP	Auburndale, Fla. 33823
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	President	☐ Change ☐ Addition
1.2 NAME	Marianne Moselle	
1.3 STREET ADDRESS	6652 Glen Meadow Lp.	
1.4 CITY-ST-ZIP	Lakeland, Fla. 33809	
2.1 TITLE	[struck out] Treasurer	☐ Change ☐ Addition
2.2 NAME	1701 Ocean Cove - Alfred Wiedemann	
2.3 STREET ADDRESS	Pt. St. Lucie, Fla.	
2.4 CITY-ST-ZIP	34952	
3.1 TITLE	Vice-President	☐ Change ☐ Addition
3.2 NAME	6652 Glen Meadow Lp.	
3.3 STREET ADDRESS	Lk. Fla. 33809	
3.4 CITY-ST-ZIP		
4.1 TITLE	[struck out] Secretary	☐ Change ☑ Addition
4.2 NAME	[struck out] Lawren J. Mercier	
4.3 STREET ADDRESS	517 Hillside Dr.	
4.4 CITY-ST-ZIP	Auburndale, Fla. 33823	
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 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: [signature] Marianne Moselle President 2/1/95 813-859-5350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0313511 CP