

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90191 039 ***150.00

DOCUMENT # P95000012350

1. Corporation Name

BUG OUT SERVICE TERMITE CONTROL, INC.



Principal Place of Business

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

59-3298831

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SESSIONS, JOHN
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

Paul Felker

82 Street Address (P.O. Box Number is Not Acceptable)

5951 Arlington Expressway

83

84 City

Jacksonville

FL

85 Zip Code

32211

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12.

OFFICERS AND DIRECTORS

TITLE

DVP

☒ DELETE

NAME

SESSIONS, JOHN

STREET ADDRESS

5951 ARLINGTON EXPRESSWAY

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

P

☐ DELETE

NAME

FELKER, PAUL J JR.

STREET ADDRESS

5951 ARLINGTON EXPRESSWAY

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

JTD

☐ Change

☒ Addition

1.2 NAME

Robert James

1.3 STREET ADDRESS

5951 Arlington Expressway

1.4 CITY-ST-ZIP

Jacksonville FL 32211

2.1 TITLE

JO

☐ Change

☒ Addition

2.2 NAME

Kevin Sessions

2.3 STREET ADDRESS

5951 Arlington Expressway

2.4 CITY-ST-ZIP

Jacksonville, FL 32211

3.1 TITLE

JO

☐ Change

☒ Addition

3.2 NAME

Caren Felker

3.3 STREET ADDRESS

5951 Arlington Expressway

3.4 CITY-ST-ZIP

Jacksonville, FL 32211

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. James 4/12/99 (904) 743-1311

Date

Daytime Phone #

CR2E034 (1/98)