FILE NOW: FILING FEE AFTER MAY 1 IS \$22\$.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Myrthan ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1996 P95000090128 (6) **DOCUMENT #** MACY'S TERMITE & PEST CONTROL COMPANY Mailing Address Principal Place of Business 6636 NORTH BISCAYNE DRIVE 8636 NORTH BISCAYNE DRIVE NORTH PORT FL 34287 NORTH PORT FL 34287 3. Date Incorporated or Qualified 11/27/1995 3a. Date of Last Report Applied For 2. Principal Place of Business 2a. Mailing Address 062 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 27 \$5.00 May Be Crty & State Election Campaign Financing City & State Γ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country $Z_{\rm ID}$ Ζφ Country X Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, CLIFFORD M Street Address (P.O. Box Number is Not Acceptable) 100 WALLACE AVE. 83 SUITE 300 SARASOTA FL 34237 Zip Code 85 84 City 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE Styruture by sector producting on of registered approximation it at premium INCRE. Registered Agust signature required when real statings (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] DELETE 1 1 1 1 T I E TITLE John P. Macy
6636 N. Biscayne Dr. North Port, FL 34287 ₽ KING, CLIFFORD M 1.2 NAM5 NAME 100 WALLACE AVENUE SUITE 380 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 14 City - St - 7IP CHTY-ST-ZIP Change Addition DELETE 2 1 filt:F DILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY : \$1 - 7iP CHY-ST-ZIP Change ☐ Addition 3 TITLE DELETE TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZiP CATY-ST-ZIP Change Addition ☐ DELF1£ 4 1 TiTLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-\$1-ZIP CITY - ST - ZIP ☐ Addition [] Change DELFTE 5 1 TOLE THILE 200001854502 -06/06/96--01120--027 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS ***200.00 5.4 CITY - \$1 - 71P CITY-ST-ZIP Change nc (bbA 🔲 DELFTE 6.1 DILE 11f1 F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnshed 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 early 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 gir an attachment with an address. 6 4 CITY - ST - ZIP

SIGNATURE:

GNATURE AND TED ON PRINTED NAME OF PLANING OFFICER OR DIRECTOR

4/30/86 4975496