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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

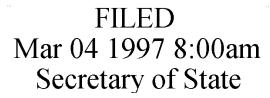
1997

DOCUMENT # P95000090128 (6)

MACY'S TERMITE & PEST CONTROL COMPANY

Principal Prace of Business 6636 NORTH BISCAYNE DRIVE NORTH PORT FL 34287 Mailing Address

6636 NORTH BISCAYNE DRIVE NORTH PORT FL 34286-4011





3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

11/27/1995

2. Principal P	lace of Business	2a. Mailing Address			·	4, FEI Number		Ap	plied For	
21		26				65-0628751		No	t Applicable	
Suite, Apt. # etc. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	City & State City & State				·	6. Election Campaign Financing \$5.00 May Be			May Be	
23	28					Trust Fund Contribution		Added t		
Zφ	Country Zip C		Cour	Country		8. This corporation has liability for intangible tax under s. 199.032.				
24	25 29 30			Florida Statutes X Yes No						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
KING, CLIFFORD M					Name					
100 WALLACE AVE.					82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300										
Sarasota FL 34237									[
			Ī	84	City		FL	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al					named corpo	oration submits this statement for the	purpose of	changing its	s registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida Such change wa	as authorized	i by ti	ne corporatio	on's board of directors. I hereby acci	ept the appo	ointment as	registered	
SIGNATURE									ł	
SIGNATIONS	Stgirm in type for printed name of registered age	nt and title if applicative (7	NOTE: Registered	Agent	signature required	d when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF	CERS AND			
FILLE	D	☐ DELETE	1.1 111	LE	- {			Change	Addition	
NAME	KING, CLIFFORD M		1.2 NA	ME					- 1	
STREET ADDRESS	,				DDRESS				1	
CITY-SI-ZIP	SARASOTA FL 34237			Y - ST -	ZIP			 		
FILLE	P	DELETE	2.1 1(1					L) Change	Addition	
NAM:	MACY, JOHN P.		2.2 NA	ME	ł					
STREET ADDRESS	6636 N. BISCAYNE DR.		2.3 STF	REET AS	DORESS					
CHY-ST-ZIF	NORTH POINT FL 34287	Locuer	2.4 CF		- ZIP			Change	Addition	
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STREET ADDRESS					.Doress				-	
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CITY-ST-ZIP TITLE		DELETE	61711					Change	Addition	
NAME			6.2 NA		}			-	Ì	
STREET ADDRESS					DDRESS				ļ	
CITY-ST-ZIE			6.4 011						İ	
14. Ldo here	by certify that the information supplie	d with this filing does not qu	ualify for the	exem	notion stated	in Section 119.07(3)(i), Florida Statu	tes. I further	certify that	the	
informatio	on indicated on this annual report or softcer or director of the corporation of	supplemental annual report	is true and a	locura	ate and that I	my signature shall have the same le	aal effect as	if made un	der oath; that I	
appears	in Block 12 or Block 13 if changed, o	r on an attachment with an	address			, , , , , , , , , , , , , , , , , , , ,	_		and	