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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000019630 (8)**

1. Corporation Name
BUDGET TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
4305 NEPTUNE ROAD ST CLOUD FL 34769	4305 NEPTUNE ROAD ST CLOUD FL 34769-6748

3. Date Incorporated or Qualified: 02/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 3000 PINERIDGE CIRCLE
22 Suite, Apt. #, etc.:
23 City & State: KISSIMMEE, FL.
24 Zip: 34746
25 Country: USA

2a. Mailing Address
26: 3000 PINERIDGE CIRCLE
27 Suite, Apt. #, etc.:
28 City & State: KISSIMMEE, FL
29 Zip: 34746
30 Country: USA

4. FEI Number: 59-3423570 ☐ 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
MILES, R. STEPHEN JR
4305 NEPTUNE ROAD
ST CLOUD FL 34769

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	MILES, R. STEPHEN JR		1.2 NAME	EDWARD J. HOGAN	
STREET ADDRESS	4305 NEPTUNE ROAD		1.3 STREET ADDRESS	3000 PINERIDGE CIR.	
CITY-ST-ZIP	ST CLOUD FL 34769		1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE	D	☒ DELETE	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	DAVIS, DEBRA A		2.2 NAME	KATHLEEN B. HOGAN	
STREET ADDRESS	4305 NEPTUNE ROAD		2.3 STREET ADDRESS	3000 PINGRIDGE CIR.	
CITY-ST-ZIP	ST CLOUD FL 34769		2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Edward J. Hogan EDWARD J. HOGAN 4/2/97 (407) 933-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #