

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:16

DOCUMENT # S25234 (3)
1. Corporation Name
AMERICAN PROFESSIONAL PEST CONTROL SERVICES, INC

Principal Place of Business Mailing Address
1650 47TH AVE N 1650 47TH AVE N
ST PETERSBURG FL 33714 ST PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/14/1991 3a. Date of Last Report 04/08/1994
4. FEI Number 59-3043996 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
21 333 N. FAIKENBURY 26 Same as Above
Suite, Apt. #, etc. Suite C-308
22 City & State 27 City & State
23 TAMPA, FL 28
24 33619 25 Hillsborough 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
NEAL, ALTON R.
% RIDEN EARLE & KIEFNER PA
100 2ND AVE S 4TH FLOOR N TOWER
ST PETERSBURG FL 33701
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 officer 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 607.0502, Florida Statutes.

SIGNATURE Charles R. Hatley President 1-16-95
NOTE: Registered Agent signature required when mandated (N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HATLEY, CHARLES R	1.2 NAME	
STREET ADDRESS	1650 47TH AVE N	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	HATLEY, LINDA A	2.2 NAME	
STREET ADDRESS	1650 47TH AVE N	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 199.07(4)(b), 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 personally; 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 on Block 12 or Block 13, as applicable, or on an attachment with no additions.

SIGNATURE: Charles R. Hatley 1-16-95 813 651-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ON
CHARLES R. HATLEY