FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

DOCUMENT # S40133 (8)

1. Entity Name
LAKELAND MAGNETIC IMAGING, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3830 S. FLORIDA AVE. LAKELAND FL 33813	3830 S. FLORIDA AVE. LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 03/25/1991
3a. Date of Last Report: 11/28/1994

2. Principal Place of Business
21
Suite Apt # or
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # or
27
City & State
28
29 30

4. FEI Number: 59-3076269 ☐ 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 was initially formed under s. 193.052 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAGE, THOMAS P ESQUIRE
200 SOUTH ORANGE AVENUE
SUITE 1205
ORLANDO FL 32802

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 Section 607.1007 and/or 1508, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
PSD HOLZ, SIEGFRIED K 3830 S. FLORIDA AVE. LAKELAND FL 33813	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or attached with an asterisk.

SIGNATURE: Siegfried K. Holz 5/1/95 813-646-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Siegfried K. Holz

0313000 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **S40226** **(0)**

1. **U.P.C. PEST CONTROL, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11524 WILES ROAD P.O. BOX 8521 CORAL SPRINGS FL 33075	11524 WILES ROAD P.O. BOX 8521 CORAL SPRINGS FL 33075

(Document Number of This Corporation)

3. Date Incorporated/Qualified: **03/21/1991**

3a. Date of Last Report: **10/04/1994**

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number: **65-0254917** — Applied For / Not Applicable

22 23 27 28

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

24 25 29 30

8. Is this corporation subject to the provisions of the Florida Limited Liability Company Act pursuant to Section 608.441, Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MC CABE, PAT 11524 WILES RD. CORAL SPRINGS FL 33076	81 Name 82 (Street Address and P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The changes authorized by the corporation's board of directors are hereby made. I hereby accept the appointment as registered agent (if new) and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICER AND DIRECTOR DATA	13. ADDITIONAL OFFICER AND DIRECTOR DATA
D MCCABE, PAT 10620 NW 44TH ST. CORAL SPRINGS FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I am executing this report in accordance with Chapter 607, Florida Statutes, and the rules promulgated thereunder. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

SIGNATURE: Pat McCabe **4/27/95**

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING REPORT — DATE

0426120 FP