PROFIT CORPORATION ANNUAL REPOR		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
OCUMENT # \$73015		(7)							
Corporation Name  GREENTURF PE	ST CONTROL SERVIC	CES, INC.							
ncipal Place of Business		failing Address				) (00/50/5 (1) (00/60 (1)) 60/60 (1)		<b>1                                    </b>	DI BIBII IBBI
11000 S.W. 10TH COURT PEMBROKE PINES FL 33025		11000 S.W. 10TH COURT PEMBROKE PINES FL 33025				T	te of Last Repo	<u>-</u>	
						3. Date incorporated or Qualified 08/12/1991	<b>3a</b> . Da	04/03/199	5
Principal Place of Business		. Mailing Address				4. FEI Number 65-0283667		L-+	olied For Applicable
Suite, Apt. #, etc.	26	Suite, Ant. #, etc.				Certificate of Status Desired		\$8.75 A	
City & State	27	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	•
Zip Country		Zip Country			8. This corporation has liability for	intangible			
2	5 29 and Address of Current Reg		30			Florida Statutes		d Agent	
Pursuant to the provision registered agent, or the	ns of Sections 607.0502 and both, in the State of Florida Su the obligations of, Section 60	607, 1508, Flor da Statute ich change was authorize ich change was authorize	es, the abo		City med corpor ation's boa	ration submits this statement for the purely of directors. I hereby accept the app	rpose of pointment	the strong its roo	gistered offi igent. I am
familiar with, and accep	t the obligations of, Section or reported have of registered agent and ble					Abelian registration	DATE		
Signature, typied c	OFFICERS AND DIF	BEOTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR Change	IS IN 12 Addition
ILE D		DETELE		T TLF				[_] o.wg-	_
	n, stephen			NAME S189F1 A	IDDEESS.				
REET ADDRESS 11000	S.W. 10 CT.			C1TY - ST					T tadisa
TY-ST-ZIP <b>PEMBI</b> TLE	ROKE PINES FL	□ [ [ [ [ F] E	2 1	TiTLE				☐ Change	☐ wormo
AME				NAME					
TREET ADDRESS					ADDRESS				
ATY - ST - ZIP		DELETE		CITY-ST TITLE	-217			Change	Addition Addition
TLE				NAME					
IAME STREET AOORESS			33	STREET	ADDRESS				
ITY-SI-ZIF				CHY SI	1 - ZIF			Change	Additio
ITLE		☐ DELETE		1 TITLE ! NAMÉ					
NAME					ADDRESS				
STREET ADDRESS				CITY-S				Change	Addit.
CHY-ST-ZIP TITLE		☐ DELETE	5	1 THE				☐ cuange	
· 1			1	2 NAME	ADDRAGE				
NAME			■ 50	3 STREET	ADDRESS				
NAME STREET ADDRESS			1	4 m. 1 v - s	11.7IP				
STREET ADDRESS CITY-SY-ZIP		☐ DELETE	5	4 C:1Y - S 1 TITLE	S1 - ZIP			☐ Change	Addit
STREET ADDRESS  CITY-ST-ZIF  TITLE		☐ DELETE	5.		51 - ZIP		<del></del>	Change	Additi
STREET ADDRESS		DELETE	5 · 6 · 6	1 THLE 2 NAME	ST-ZIP TADORESS			Change	Addi

64 CITY ST-ZIP

14. I do horeby certify that the information supplied with this filing is voluntarily furnished 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as