

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S73544** (6)

95 JUL 24 AM 10: 58

1. Corporation Name

LAKELAND PEST CONTROL, INC.

Principal Place of Business

2825 PARKWAY ST
SUITE 12
LAKELAND FL 33811

Mailing Address

2825 PARKWAY ST
SUITE 12
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1991

3a. Date of Last Report

07/07/1994

4. FEI Number

59-3078800

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 U.S.C.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROBERT K. EDDY ESQ.
777 S. HARBOR ISLAND BLVD
SUITE 220
TAMPA FL 33602

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

(Type or print name of registered agent and title if applicable)

(Type or print name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVEN DAY
STREET ADDRESS	3104 THACKERY CT
CITY, ST, ZIP	PLANT CITY FL 33567
TITLE	S/D / VP
NAME	WILLIAM STOVER - STOVER
STREET ADDRESS	4213 ELBA PL
CITY, ST, ZIP	VALRICO FL 33594 VALRICO FL.
TITLE	T/D
NAME	JEANNE STOVER
STREET ADDRESS	4213 ELBA PL
CITY, ST, ZIP	VALRICO FL 33594
TITLE	D
NAME	CRAIG STOVER
STREET ADDRESS	4213 ELBA PL
CITY, ST, ZIP	VALRICO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	S/D / VP
2.3 STREET ADDRESS	WILLIAM STOVER
2.4 CITY, ST, ZIP	VALRICO FL.
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(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 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:

Steven Day

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/95

Date

(813) 664-9211

Typed Name