FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S73858** **(0)**

1. Corporation Name

ACE PEST CONTROL OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
5790 ENTERPRISE PARKWAY FORT MYERS FL 33905 US	5790 ENTERPRISE PARKWAY FORT MYERS FL 33905 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 5860 Enterprise Parkway	26 5860 Enterprise Parkway	08/16/1991	07/21/1995
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number 65-0454685	☐ Applied For ☐ Not Applicable
City & State 23 Ft Meyers, FL	City & State 28 Ft Meyers FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33905 / 25 USA	Zip / Country 29 33905 / 30 USA	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

EDDY, ROBERT K. ESQ.
777 S. HARBOUR ISLAND BOULEVARD
SUITE 220
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable) 808 W. DeLeon St

83

84 City TAMPA FL 85 Zip Code 33606

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELORENZO, ROCCO		1.2 NAME		
STREET ADDRESS	5790 ENTERPRISE PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOVER, WILLIAM J.		2.2 NAME		
STREET ADDRESS	4213 ELBA PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME			3.2 NAME	Stover, Craig	
STREET ADDRESS			3.3 STREET ADDRESS	5790 Enterprise Parkway	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME			4.2 NAME	Day, Steven	
STREET ADDRESS			4.3 STREET ADDRESS	5790 Enterprise Parkway	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Fort Myers, FL 33905	
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 (12/95)

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)(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: RBS 5-17-96 941 694 1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #