FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # S92882 (7)

1. Corporation Name

LINDSEY PEST CONTROL, INC.

Principal Place of Business: 2134 HAINES STREET, JACKSONVILLE FL 32206-4047

Mailing Address: 2134 HAINES STREET, JACKSONVILLE FL 32206-4047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1991

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-3093997 — 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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEGGETT, MARY JENNIFER
2134 HAINES STREET
JACKSONVILLE FL 32206

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	LEGGETT, MARY JENNIFER	NAME	LEGGETT, MARY JENNIFER
STREET ADDRESS	1047 DORCHESTER ST	STREET ADDRESS	467 West 67th Street
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FLORIDA 32208
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	LEGGETT, JOAN CURRAN	NAME	
STREET ADDRESS	1047 DORCHESTER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(i), Florida Statutes. I further certify that the information indicated on this 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: Mary Jennifer Leggett — April 26, 1995 (904) 350 9406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY JENNIFER LEGGETT

0022820 CP