SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -8 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S98300** **(4)**

1. Corporation Name

TEMPCO PEST CONTROL INC.

Principal Place of Business	Mailing Address
24069 PRODUCTION CIR P O BOX 880 BONITA SPRINGS FL 33923	24069 PRODUCTION CIR P O BOX 880 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 06/10/1994
4. FEI Number: 65-0272657 ☐ 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. 199.032, *Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TEMPLE, CHARLES R.
24690 PRODUCTION CIRCLE
BONITA SPRINGS FL 33923

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TEMPLE, CHARLES R.	12 NAME	
STREET ADDRESS	24465 PRODUCTION CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	
TITLE	SC	21 TITLE	☐ Change ☐ Addition
NAME	TEMPLE, PATRICIA R.	22 NAME	
STREET ADDRESS	24465 PRODUCTION CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BETTS, ANGELIA L	32 NAME	
STREET ADDRESS	11218 TANGELO TERRACE SE	33 STREET ADDRESS	
CITY ST ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	KELLY, KIMBERLY	42 NAME	
STREET ADDRESS	RT 1 BOX 6948	43 STREET ADDRESS	
CITY ST ZIP	PITTSBORO NC	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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.

X SIGNATURE: Charles R. Temple CHARLES R. TEMPLE 8/2/95 (941) 992-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100021 CP