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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21: 24331 Production Circle
22: Suite, Apt. #, etc.
23: City & State: Bonita Springs, FL
24: Zip: 33923
25: Country: Lee

2a. Mailing Address
26: P.O. Box 1342
27: Suite, Apt. #, etc.
28: City & State: Bonita Springs, FL
29: Zip: 33959
30: Country: Lee

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

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: John E. Ryan
82 Street Address (P.O. Box Number is Not Acceptable): 17941 Bermuda Dunes Dr.
83
84 City: Fort Myers FL 85 Zip Code: 33912

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: [signature] 8 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TEMPLE, CHARLES R. 24465 PRODUCTION CIRCLE BONITA SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Ryan, Michael P. 17445 Lebanon Rd. Fort Myers, FL 33912	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC TEMPLE, PATRICIA R. 24465 PRODUCTION CIRCLE BONITA SPRINGS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T Kustra, David E. 18550 Rosewood Rd Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BETTS, ANGELIA L 11218 TANGELO TERRACE SE BONITA SPRINGS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V Temple, Charles R. 24465 Production Circle Bonita Springs, FL 33923	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLY, KIMBERLY RT 1 BOX 6948 PITTSBORO NC	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	200001838442 -05/24/96--01038--015 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(k), 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: Michael P. Ryan Pres. Michael P. Ryan 4/29/96 (941) 992-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ~~CHARLES TEMPLE 2/15/96~~ Date Daytime Phone #