

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S98300

FILED
Dec 01, 2009
Secretary of State

Entity Name: TEMPCO PEST CONTROL INC.

Current Principal Place of Business:

4735 PALM BEACH BLVD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 50397
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 65-0272657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, JOHN E
17586 PLUMERA LANE
N. FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN E RYAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYAN, MICHAEL P.
Address: 13768 OX BOW ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Delete
Name: HARDING, SCOTT E
Address: 6430 ARBOR AVENUE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. RYAN

PRES

12/01/2009

Electronic Signature of Signing Officer or Director

Date