FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:31

DOCUMENT # V02737 (7)

1. Corporation Name
A-RID-IT PEST & LANDSCAPING INC.

Principal Place of Business	Mailing Address
103 B RICKEY AVENUE FT. WALTON BEACH FL 32547	103 B RICKEY AVENUE FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1991
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 31, 9th Ave
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: SHALIMAR FL
Zip — 24
County — 25
Zip — 29: 32579
County — 30: US 4

4. FEI Number: 59-3103248 ☐ 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

HOLIFIELD, ROBERT N.
103 B RICKEY AVENUE
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: Charles E Holifield
82 Street Address (P.O. Box Number is Not Acceptable): 31, 9th Ave
83
84 City: SHALIMAR FL 85 Zip Code: 32579

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: Charles E Holifield — Charles E Holifield — 5-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOLIFIELD, ROBERT N.	12 NAME	Delete
STREET ADDRESS	418 JAMES AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	VALPARISO FL	14 CITY-ST-ZIP	
TITLE	VP PD	21 TITLE	☒ Change ☐ Addition
NAME	HOLIFIELD, CHARLES E.	22 NAME	PD Holifield Charles E
STREET ADDRESS	31 9TH AVENUE	23 STREET ADDRESS	31, 9th Ave
CITY-ST-ZIP	SHALIMAR FL	24 CITY-ST-ZIP	Shalimar Fl.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

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: Charles E Holifield — 5-11-95 — 904 863-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360202 CP