

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 11 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **V07777** (8)

1. Corporation Name

CURTIS PEST CONTROL, INC.

Principal Place of Business

4533 SUNBEAM ROAD
UNIT 303
JACKSONVILLE FL 32257

Mailing Address

4533 SUNBEAM ROAD
UNIT 303
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1982

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3102598

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

Change to Unit 501

Change to Unit 501

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, JAMES A
4533 SUNBEAM ROAD
UNIT 303
JACKSONVILLE FL 32257

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

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CURTIS, JAMES A	14 NELMAR AVENUE	ST AUGUSTINE FL
TS	CURTIS, MARTA S	14 NELMAR AVENUE	ST AUGUSTINE FL
V	CURTIS, JAMES K	4347 LAKE WOODBOURNE	JACKSONVILLE FL
D	BLACKWOOD, PETER S	11488 SEDGEMOORE DR W	JACKSONVILLE FL

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James A. Curtis, Pres. 4/6/95 (904) 730-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR