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

APPROVED AND FILED

95 APR 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V19349** **(2)**

1. Corporation Name
SQUIRE PEST CONTROL INC.

Principal Place of Business	Mailing Address
P.O. BOX 6332 W PALM BEACH FL 33405	P.O. BOX 6332 W PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 1301 NW 8th STREET
22: Suite, Apt. #, etc.
23: City & State: BOYNTON BEACH, FL
24: Zip: 33426
25: Country: PALM BEACH

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0338191 ☐ 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

SQUIRE, LAWTON
5423 GARDEN AVENUE
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: SQUIRE, LAWTON
82 Street Address (P.O. Box Number is Not Acceptable): 1301 NW 8th STREET
83:
84 City: BOYNTON BEACH FL 85 Zip Code: 33426

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	SQUIRE, LAWTON	1.2 NAME		
STREET ADDRESS	5423 GARDEN AVE.	1.3 STREET ADDRESS	1301 NW 8th Street	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	SQUIRE, PATRICIA	2.2 NAME		
STREET ADDRESS	5423 GARDEN AVE.	2.3 STREET ADDRESS	1301 NW 8th Street	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	Boynton BEach, FL 33426	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: [signature] LAWTON N SQUIRE 4/21/95 (407) 364-9417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code & Phone #)

0338484 FP