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 MAY -1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25166** **(2)**

1. Corporation Name
SOUTHEASTERN TERMITE & PEST, INC.

Principal Place of Business	Mailing Address
~~1500 SE 3 CT~~ ~~SUITE 207~~ ~~DEERFIELD BEACH FL 33441~~	~~1500 SE 3 CT~~ ~~SUITE 207~~ ~~DEERFIELD BEACH FL 33441~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1864 Meadow CT.
Suite, Apt. #, etc. 22:
City & State 23: W. Palm Beach, FL
Zip 24: 33406 Country 25: Palm Bch

2a. Mailing Address
26: 1864 Meadow CT
Suite, Apt. #, etc. 27:
City & State 28: W Palm Beach, FL
Zip 29: 33406 Country 30: Palm Bch

4. FEI Number: 65-0321162 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAENZ, CELSO
~~1500 SE 3 CT~~
~~SUITE 207~~
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: SAENZ Celso
82 Street Address (P.O. Box Number is Not Acceptable): 1864 Meadow Court
83:
84 City: W. Palm Beach FL 85 Zip Code: 33406

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: Celso Saenz 4/24/95
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	PSD	1.1 TITLE	PSD	☐ Change ☐ Addition
NAME	SAENZ, CELSO	1.2 NAME	SAENZ, Celso	
STREET ADDRESS	1500 SE 3 CT #207	1.3 STREET ADDRESS	1864 meadow CT	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	W Palm Bch., FL 33406	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
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)(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: Celso Saenz 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number (407) 471-2500

0264804 CP