FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

/71

1. Corporation Name ROLLINS SNELLING, JR., INC. Principal Place of Business 9 WATER OAK DR FERNANDINA BEACH FL 32034 Mailing Address 9 WATER OAK DR FERNANDINA BEACH FL 32034 Principal Place of Business 9 WATER OAK DR FERNANDINA BEACH FL 32034 Principal Place of Business 9 WATER OAK DR FERNANDINA BEACH FL 32034 Principal Place of Business										
						03/26/1992 04/30			of Last Report 0/1996	
2. Principal Place of Business 21		26]				4. FEI Number 59-311		Applied For Not Applicable		
Suite, Apt. #. etc 22	6	Suite, Apt				5. Certificate o	f Status Desired	□ \$	B.75 A Fee Re	dditional quired
City & State 23		City & Sta 28	ite			6. Election Car Trust Fund (npaign Financing Contribution		5.00 Added to	
Zipi 24	, ' }				<i>!</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
9 WATE	ng, rollins Jr er oak dr ndina beach fl 32034			82 83		dress (P.O. Box Num	ber is Not Acceptab	· · · · · · · · · · · · · · · · · · ·	i Zip C	Code
SIGNATURE IN	p provisions of Sections 607 cred agent, or both, in the S year with, and accept the o	0502 and 607,1508 Filate of Florida, Such c bligations of Section 6	all this	DM	EU W	poration submits thi ation's board of direct 16 3 V · F	s statement for the potors. I hereby accept	FL ourpose of chapt the appointment of the appointm	nging its nent as r	registered registered
12.		AND DIRECTORS		13.		ADDITIONS/0	CHANGES TO OFFIC			
STREET ADDRESS 9	NELLING, ROLLINS JR WATER OAK DR ERNANDINA BEACH FL	L	ŀ	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-1	1			U	Change	Addition
THILE NAME			DELETE	21 TITLE 22 NAME	31-11				Change	Addition
SMEET ADDRESS Offy SE 7IP THUE	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4			2.3 STREF 2.4 CITY - 3.1 TITLE	ADDRESS ST-ZIP				Change	Addition
NAM: STREET ADDRESS			1	3.2 NAME 3.3 STREE	ADDRESS			. : •	mit A n	Emil 1904HOIT
Gily (SI - /e*				3.4. CITY -	ST-ZIP				Change	Addition

6.4 CITY - ST - ZIP 14. I do hereby cert fy that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 62 NAME

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

MM:

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NAME

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Apr 08 1997 8:00am

Secretary of State

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