

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT  
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 JUL 15 AM 11:24

DOCUMENT # **V72261** (3)

1. Corporation Name

**PESTGUARD TERMITE AND PEST CONTROL, INC.**

Principal Place of Business

5530 PALMER BLVD.  
SUITE 4  
SARASOTA FL 34232  
US

Mailing Address

5530 PALMER BLVD.  
SUITE 4  
SARASOTA FL 34232  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/19/1992**

3a. Date of Last Report  
**04/01/1994**

4. FEI Number  
**65-0387910**

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

2. Principal Place of Business

21 **573 INTERSTATE BLVD.**

2a. Mailing Address

26 **573 INTERSTATE BLVD**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **SARASOTA FL**

27 **SARASOTA FL**

23 **34240**

24 **USA**

28 **34240**

29 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESNSING, ROGER GENE III

~~4466 MEADOW CREEK CIRCLE~~ **4015 CENTER POINT PL**  
SARASOTA FL 34233

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 title if applicable)

Signature (Typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>P</b>                    |
| NAME           | <b>MENSING, ROGER G III</b> |
| STREET ADDRESS | <b>4015 CENTER POINT PL</b> |
| CITY, ST, ZIP  | <b>SARASOTA FL</b>          |
| TITLE          | <b>VP</b>                   |
| NAME           | <b>MUSCOLINO, SEBASTIAN</b> |
| STREET ADDRESS | <b>11524 FOX RUN</b>        |
| CITY, ST, ZIP  | <b>PORT RICHEY FL</b>       |
| TITLE          | <b>ST</b>                   |
| NAME           | <b>MENSING, SUZANNE</b>     |
| STREET ADDRESS | <b>4015 CENTER POINT PL</b> |
| CITY, ST, ZIP  | <b>SARASOTA FL</b>          |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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)(b), Florida Statutes. I further certify that the information included 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. 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 in an attachment with an address.

SIGNATURE:

*Suzanne Mensing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/9/95** **813-577-6449**

CR2E034 (3/95)