

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 390069

Entity Name: TRAVIS PEST MANAGEMENT, INC.**Current Principal Place of Business:**2541 SE CLAYTON STREET
STUART, FL 34997-5017**Current Mailing Address:**P O BOX 1906
STUART, FL 34995-1906 US**FEI Number: 59-1363454****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAVIS, CHRISTOPHER J.
2541 CLAYTON ST
STUART, FL 34997 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	TRAVIS, GERALD
Address	1275 NW PINE LAKE DR
City-State-Zip:	STUART FL 34994
Title	SECRETARY
Name	JONES, KAREN
Address	792 NW WATERLILY PL
City-State-Zip:	JENSEN BEACH FL
Title	PRESIDENT
Name	TRAVIS, CHRISTOPHER
Address	405 SE ASHLEY OAKS WAY
City-State-Zip:	STUART FL 34997

Title	TREASURER
Name	TRAVIS, GERALD PJR.
Address	12013 FRUITWOOD DR
City-State-Zip:	RIVERVIEW FL
Title	ASST. SECRETARY
Name	POLLARD, ANITA
Address	4132 CEDARGATE DR
City-State-Zip:	FT. COLLINS CO 80526

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER TRAVIS**PRESIDENT****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date