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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 390069 Entity Name: TRAVIS PEST MANAGEMENT, INC.

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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

Name and Address of Current Registered Agent:

TRAVIS, CHRISTOPHER J. 2541 SE 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

Officer/Director Detail :

Title	PRESIDENT/DIRECTOR	Title	VP
Name	TRAVIS, CHRISTOPHER	Name	TRAVIS, LISA L
Address	405 SE ASHLEY OAKS WAY	Address	2541 SE CLAYTON STREET
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997-5017

Certificate of Status Desired: No

FILED Jun 22, 2021 Secretary of State 0401157944CC

Date

06/22/2021 Date

PRESIDENT