

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04761

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**1243370397CC**

**Entity Name:** TRULY NOLEN EXTERMINATING, INC.

**Current Principal Place of Business:**

432 S. WILLIAMS BLVD.  
TUCSON, AZ 85711

**Current Mailing Address:**

432 S. WILLIAMS BLVD.  
TUCSON, AZ 85711 US

**FEI Number: 86-0169166**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR OF OPERATIONAL  
                  ADMINISTRATION  
Name           SENNER, MICHELLE  
Address        432 S. WILLIAMS BLVD.  
City-State-Zip: TUCSON AZ 85711

Title           VP  
Name           MAHER, CHRIS  
Address        770 TAMIAMI TRAIL  
City-State-Zip: PORTCHARLOTTE FL 33953

Title           CEO  
Name           NOLEN, STEVEN SPD  
Address        432 S. WILLIAMS BLVD.  
City-State-Zip: TUCSON AZ 85711

Title           VP  
Name           HARTLEY, ROBERT W  
Address        432 S. WILLIAMS BLVD.  
City-State-Zip: TUCSON AZ 85711

Title           COO  
Name           BELLET, JUSTIN VP  
Address        2082 33RD STREET  
City-State-Zip: ORLANDO FL 32839

Title           VP  
Name           COHEN, DARLENE  
Address        2929 N. 44TH STREET  
                  SUITE 320  
City-State-Zip: PHOENIX AZ 85018

Title           PRESIDENT  
Name           NOLEN JALLAD, SCARLETT S.  
Address        2082 33RD ST.  
City-State-Zip: ORLANDO FL 32839

Title           VP  
Name           RINGLSTETTER, MARK  
Address        432 S. WILLIAMS BLVD.  
City-State-Zip: TUCSON AZ 85711

**Continues on page 2**

*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: ROBERT W HARTLEY**

**VP**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name WILD, MATT  
Address 432 S. WILLIAMS BLVD.  
City-State-Zip: TUCSON AZ 85711