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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

K89084

(3)

ENVIRONMENTAL SYSTEMS MANAGEMENT, INC.

## FILED May 06 1998 8:00am Secretary of State

<b>2</b> ,777,70	THE OTOTEMS THE	TO ENTIRE (T) INO					
Principal Place of Business		Mailing Address			1 100(4(1) 901 10)(0 (0(1) 9010) )		i Aiter Biffer fritter febre zoner
111 FLAMINGO DRIVE		6513 KING PALM WAY 8542-1 <del>MY 41-30UTM, SUITE 20</del> 0 APOLLO BEACH FL 33572					
SUITE B APOLLO BEACH FL 33572				DO NOT W	DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualit	ied	
					05/18/1989		
_	ace of Business	2a. Mailing Address	04	a 1.70	4. FEI Number		Applied For Not Applicable
Suite, Apt. 4	# etc	26 6513117NG Suile, Apt. #, etc.	KHILP	1 W 17	l .		\$8.75 Additional
22	, BO.	27			5. Certificate of Status Desired	5 🕱	Fee Required
City & State	)	City & State	w. <del></del>		6. Election Campaign Financia	ng	\$5.00 May Be
23		28 APOLLO BE	ACH,	12	Trust Fund Contribution		Added to Fees
Zip	Gountry	26	Counti	Y C	8. This corporation owes or ha	•	
24	25		30 (	V.S.	Personal Property Tax due		Yes No
	9. Name and Address of Curren	i Hegistereo Agent	81	1 Name	10. Name and Address of Ne	A Liedistered	Maur
	SLIN, MARILYN S			IVALLE			
8513 KING PALM WAY			63	2 Street A	Address (P.O. Box Number is Not Acce	ptable)	
APL	DLLO BEACH FL 33572		8:	3			
			84	<b>6</b> City		Fl	85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the control of the contro	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized t ida Statute	es	corporation submits this statement for oration's board of directors. I hereby a	sccept the ap	of changing its registered pointment as registered
	Signature, typed or printed name of registered age OFFICERS AND		Registered A	gent signature	required when reinslating)  ADDITIONS/CHANGES TO (	DATE DEFICERS AN	ID DIRECTORS IN 12
12. TITLE	S OFFICERS AND	DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO	IT TOLING AN	Change Addition
NAME	BRISLIN, THOMAS A.		1.2 NAME				
STREET ADDRESS	6513 KING PALM WAY		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL		1.4 CfTY	- ST - 21P			
TITLE	Ċ	☐ DELET <b>E</b>	2.1 TITLE				☐ Change ☐ Addition
NAME	BRISLIN, MARILYN S.		2.2 NAME	E			
STREET ADDRESS	<b>65</b> 13 KING PALM WAY		2.3 STREE	et address			
CITY-ST-ZIP	APOLLO BEACH FL		2. 4 CITY				Observe Addition
TITLE	CET	☐ DELETE	3.1 TITLE				Change Addition
NAME	KRATZKOFF, JOSEPH		3.2 NAME				
STREET ADDRESS	2023 HELM LANE			ET ADDRESS			
CITY-ST-ZIP	VALRICO FL 33954	DELETE 4.11		-ST-ZIP			Change Addition
NAME	LENTZ, TIMOTHY D	<u></u>	4. 2 NAM	ì			
STREET ADDRESS	POST OFFICE BOX 2296 N/A		1	ET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33806		4.4 CITY-				
TITLE	C	DELETE	5.1 TITLE				Change Addition
NAME	SCHEIDER, JOSEPH		5.2 NAMI	E			
STREET ADDRESS	3814 COCOA LAND		5.3 STRE	ET ADDRESS			x < \6
CITY-ST-ZIP	APOLLO BEACH FL 33572		5.4 CITY	-ST-ZIP			ا دعار
TITLE	P	☐ DEL€TE	6.1 TITLE		<u> </u>	7132	<b> </b>
NAME	KEUPER, KURT		6.2 NAME	E	<b>-05</b> /06/980	10510	າຊບ
STREET ADDRESS	1950 CHURCHVIEW DRIVE		6.3 STRE	ET ADDRESS	***150 <b>.</b> 00		

14. Thereby certify 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 indicated 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP