

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L62092** (6)

1. Corporation Name

SOIL REMEDIATION, INC.



Principal Place of Business

RT 1 BOX 1830
RAY CITY GA 31645
US

Mailing Address

RT 1 BOX 1830
RAY CITY GA 31645
US

3. Date Incorporated or Qualified

03/28/1990

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDSON, HAROLD
8810 PAUL STARR DR.
PENSACOLA FL 32514**

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 the corporation

(NOTE: Registered Agent signature required when constituted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
CHAMBLESS, JEROME
158 LAKESHORE DR
NAYLOR GA**

TITLE ☐ DELETE

**V
BRASHIER, JOE
100 LAKESHORE DR
NAYLOR GA**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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)(k), 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.

SIGNATURE:

Jerome Chambless **Jerome Chambless**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95 9124552300

Business Phone #

CR2E034 (12/95)