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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71196

Corporation Name

SOUTHERN ENVIRONMENTAL, INC.

						AI BIR HIR HIR BIR BIR BIR	WEL MINIT FRAI
Principal Place of Business Mailing Address					·		
6536 W NINE MILE ROAD 6536 W NINE MILE ROAD							
· o bon door		*	P O BOX 63037		DO NOT WRITE IN THIS SPACE		
PENSACOLA FL 32526 PENSACOLA FL 32526					3. Date Incorporated or Qualifed		
					03/09/1988		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-2871699	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		⊢			5. Certifcate of Status Desired	S8.75 Additional Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip			Country		8. This corporation owes the current year Intangible		
24			0		Personal Property Tax.		
<u></u>	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
	F 1 4 5		81	Name			ļ
JERNIGAN, NOVA L					(DO Do North is Not Assessable)		
7488 BRIGHTWOOD ST.			82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
PEN	ISACOLA FL 32506		83			रो चित्रां	. 17.5%
			"				
	•		84	City		85 Zip C	ode
82 85 3 5 C.	8 () ()			L	poration submits this statement for the purpose	Stabasaina ita	
agent: I a	am familiar with, and accept the obliq	gations of, Section 607.0505, Florid	ia Statutes	i.	on's board of directors. I hereby accept the app		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP □ DELETE		1.1 TITLE			Change	☐ Addition
NAME	JERNIGAN, JOHNNY L.		1.2 NAME		,		
STREET ADDRESS	44070 COUNTRY DD 00		1.3 STREE	T ADDRESS			
	LILLIAN AL		1.4 CITY-S				
CITY-ST-ZIP TITLE	DVP DELETE		2.1 TITLE			☐ Change	Addition
	JERNIGAN, NOVA L.						
NAME	TAGO PRIOLITATOOR STREET		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			1			•	
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY-ST-ZIP			Change	Addition
TITLE	DS DELETE		3.1 TITLE			change	
NAME	LYNCH, BOBBY G.		3.2 NAME	ļ			
STREET ADDRESS			3.3 STREET ADORESS		4 2 500 ×		4 1 1 3
CITY-ST-ZIP	MOLINO FL		3.4. CITY-5	ST-ZIP			2 - 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE	☐ DELETE 4.1 T		4.1 TITLE			Change	[↑]
NAME			4. 2 NAME		V.		
STREET ADDRESS	s		4.3 STREE	T ADDRESS			
CITY ST ZIP	of any s		4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	1		5.2 NAME				
STREET ADDRES			5.3 STREE	T ADDRESS			
	s S		5.4 CITY-S	ST-ZIP			
CITY-ST-ZIP	The second secon						

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 chapted, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

SIGNATUR

TITLE

NAME

Wally NOT LEAVE CROSED Lynch

__ DELETE

1/4/99

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90023 031 ***150.00

950 944 001 3 Daytime Phone #

☐ Addition

Change

CR2F034 (11/98)