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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000063

1. Corporation Name
YOUTH ENVIRONMENTAL SERVICES, INC.

250412 - 90111 - 39

Principal Place of Business	*Mailing Address*
4626 SAFFOLD ROAD WIMAUMA FL 33598-0189	P.O. BOX 0189 WIMAUMA FL 33598-0189 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 Associated Marine Institutes	01/01/1994
Suite, Apt. #, etc. 22	27 5915 Benjamin Center Drive	4. FEI Number 59-3217810 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tampa, FL 33634	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HULL, DAVID J MACFARLANE, AUSLEY, FERGUSON & MCMULLEN 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32302	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BOT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, KAREN	1.2 NAME	
STREET ADDRESS	1298 MAGNOLIA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612-9497	1.4 CITY-ST-ZIP	
TITLE	VPT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BODWELL, [illegible] L R	2.2 NAME	
STREET ADDRESS	3318 RIVER ESTATE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33598	2.4 CITY-ST-ZIP	
TITLE	BOT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, JACK A	3.2 NAME	
STREET ADDRESS	5001 WEST CYPRESS STREET, SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	BOT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, J.B.	4.2 NAME	
STREET ADDRESS	3615 WEST GRANADA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629-6917	4.4 CITY-ST-ZIP	
TITLE	STT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, THOMAS S	5.2 NAME	
STREET ADDRESS	5210 INTERBAY #7	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	5.4 CITY-ST-ZIP	
TITLE	BOT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, STEPHEN B	6.2 NAME	
STREET ADDRESS	5021 WEST LAUREL STREET, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607-3816	6.4 CITY-ST-ZIP	

See attached list

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 2/19/99 (813) 887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)

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N 94000000063

Youth Environmental Services

P.O.Box 0189, Wimauma, FL 33598-0189 – Tel. (813) 671-5213 -- Fax (813) 671-5216

Board of Trustees

Ms. Dottie Berger
Board of Hillsborough County Commissioners District 4
County Center
601 E. Kennedy Blvd.
Tampa, FL 33602
Day: (813) 272-5740

Ms. Jill R. Bodwell
Vice President
3318 River Estate Drive
Wimauma, FL 33598
Day: (813) 633-2629 (also eve.)

Mr. Ronald A. Ch[illegible]staldi
de [illegible]Parte, Gi[illegible]rt & Bales
P.O. B[illegible]
Suite 23[illegible]
Tam[illegible], FL [illegible]601-2350
Da[illegible] (813) 22[illegible]2775

Mr. Jack A. Cohen
Write Occasions, Inc.
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Mr. J.B. Davis
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Fax: (813) 839-7207

Mr. Louis David De la Parte (David)
de la Parte & Gilbert & Bales
1 Tampa City Center, Suite 2300
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Fax: (813) 229-2712
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Aus[illegible] & Mc[illegible]ullen
P.O. Bo[illegible]
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Mr. Joseph D. E[illegible]wards (Joe)
Am[illegible]. Mitch[illegible], Cockey, Edwards and Roe[illegible]
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