

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:21

DOCUMENT # P93000031334 (4)

1. Corporation Name

ASH ENVIRONMENTAL ENGINEERING, INC.

Principal Place of Business

**216 17TH AVE N
ST PETERSBURG FL 33704**

Mailing Address

**216 17TH AVE N
ST PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3179134

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ASH, JANICE S
216 17TH AVE N
ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

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

JANICE SANDS ASH, PRESIDENT

2-26-95

Signature, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ASH, JANICE S
STREET ADDRESS	216 17TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	SANDS, FLORENCE L
STREET ADDRESS	12413 JOVE TER
CITY-ST-ZIP	PORT CHARLOTTE FL 33981
TITLE	DVPS
NAME	ASH, THOMAS M
STREET ADDRESS	216 17TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT, S, VP,	☒ Change ☐ Addition
1.2 NAME	Ash, Janice Sands	
1.3 STREET ADDRESS	216 17th Avenue North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33704	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JANICE SANDS ASH

2-26-95

813-822-4347

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #