

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070773 (3)
 1. Corporation Name
WEBER ENVIRONMENTAL SERVICES INC.



Principal Place of Business 521 - 20TH ST. SW WINTER HAVEN FL 33880	Mailing Address 521 - 20TH ST. SW WINTER HAVEN FL 33880
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1995		4. FEI Number 59-3336865		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 236-A Spirit Lake Rd. W Suite, Apt. #, etc. 2	2a. Mailing Address 26 236-A Spirit Lake Rd. W Suite, Apt. #, etc. 2	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Winter Haven, FL Zip 33880 Country Polk	City & State 27 Winter Haven, FL Zip 33880 Country Polk	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WEBER, KENNETH M 521 - 20TH ST. SW WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 Donna Weber Donna Weber Treasurer 4-30-98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P WEBER, KEN	1.2 NAME	VP Stacy Woodard
STREET ADDRESS	521-20TH STREET SW	1.3 STREET ADDRESS	236-A spirit lake Road west
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	sec.
NAME	V/S WEBER, DONNA	2.2 NAME	James M. Phillips
STREET ADDRESS	521-20TH STREET SW	2.3 STREET ADDRESS	236-A spirit lake Road west
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Donna Weber
STREET ADDRESS		3.3 STREET ADDRESS	236-A spirit lake Road west
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: Donna Weber Donna Weber Treasurer 4-11-20-98 294-295-9312

CFR2E034 (10/97)