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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608363

(8)

JAMSON ENVIRONMENTAL, INC.

		1	·

FILED Apr 17 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Malling Address								
101 BAYVIEW BLVD OLDSMAR FL 34677		101 BAYVIEW BLVD OLDSMAR FL 34677	101 BAYVIEW BLVD								
						3. Date Inc. 01/19/1	orporated or Qualified		e of Last R 9/1996	eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Num			Ar	oplied For		
[21]			26			59-26	59-2628365			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificat	te of Status Desired		\$8.75 / Fee Re	Additional equired		
City & State		City & State			,	Campaign Financing and Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	C	ountry		8. This corp	oration has liability for i	ntangible	tax under s	. 199.032,	
24	25	29	30			Florida S			No		
	g, Name and Address of Current	Registered Agent			·		nd Address of New Re	platered A	gent		
	DERS, JOYCE M.			81	Name	l					
	5 MONTAGUE CT E			82	Stree	Address (P.O. Box N	lumber is Not Acceptab	le)	*** *		
CLE	ARWATER FL 34621							················			
				83						ļ	
				84	City			FL	85 Zip I	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authori	zed by	the co	d corporation submits rporation's board of c	this statement for the p lirectors, I hereby accep	urpose of t the appo	changing it pintment as	ts registered registered	
SIGNATURE	Stonature, lyped or printed name of registered ager	it and title If applicable. (NOT	E Regist	ered Age	nt signatu	e required when reinstaling)		DATE			
12.	OFFICERS AND	DIRECTORS	1	3.		ADDITION	IS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TILLE	PST	DELETE	1.	TITLE		T			Change	Addition	
NAME	SANDERS, JOYCE M		1.3	NAME		· ·)				
STREET ADDRESS 2715 MONTAGUE CT E			1.3 STREET ADDRESS		/	t e e e e e e e e e e e e e e e e e e e					
CITY - ST - ZIP	CLEARWATER FL		1.	CITY-S	T-ZIP	/					
THILE	VP	DELETE	2.	TITLE		Į.			Change	Addition	
NAME	EASTMAN, PATRICIA A.		2	2 NAME							
STREET ADDRESS	4210 W GRANADA STREET		2	STREET	ADDRESS						
CITY-SI-ZIP	TAMPA FL		_	4 City - S	ST-ZIP						
THEF		L DELETE	1	TITLE					Change	Addition	
NAME		\$		2 NAME						ļ	
STREET ADDRESS					ADDRESS						
CITY-SI-ZIP		DELETE	_	4. CITY-S 1 TITLE	SI-ZIP				Change	Addition	
TIFLE		C ottett		2 NAME					erre cuenda	radicon)	
NAME ATOSCI ASSISCES					Annares						
STREET ADDRESS			- 1		ADDRESS	1				l	
CITY-ST ZIP TITLE		☐ DELETE		4 CITY-S 1 TITLE	IF-EIP				Change	Addition	
NAME			- 1	NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				1 CITY-S							
TITLE		☐ DELETE		1 TITLE	4 - £H-	†			Change	Addition	
NAME				2 NAME					•	_	
STREET ADDRESS			- 1		ADDRESS						
CITY-ST-7IP				CITY-5							

14. I do 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 changing, or on an attachment with an address.

SIGNATURE:

3. 4/9/97 8/3-891-0440