

"AMENDED"

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 012 ***158.75

06-08-1999 90011 040 ****61.25

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 608363

1. Corporation Name

JAMSON ENVIRONMENTAL, INC.

Principal Place of Business

Mailing Address

101 Bayview Blvd.
Oldsmar, FL 34677

101 Bayview Blvd.
Oldsmar, FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/79

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joyce M. Sanders
2715 Montague Ct. E.
Clearwater, FL 34621

81 Name **Patricia A. Eastman**

82 Street Address (P.O. Box Number is Not Acceptable)
101 Bayview Blvd.

83

84 City **Oldsmar,**

FL

85 Zip Code
34677

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

P.A. Eastman

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☒ DELETE
NAME **Joyce M. Sanders**
STREET ADDRESS **2715 Montague Ct. E.**
CITY-ST-ZIP **Clearwater, FL 34621**

1.1 TITLE **P/S/D** ☒ Change ☒ Addition
1.2 NAME **Patricia A. Eastman**
1.3 STREET ADDRESS **101 Bayview Blvd.**
1.4 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.A. Eastman

5/29/99

Date

(813) 891-0440

Daytime Phone #

CR2E034 (11/98)