

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90177 023 ***150.00

DOCUMENT # 835117

1. Corporation Name
ENV SERVICES, INC.

Principal Place of Business
9301 JAMES AVENUE S
MINNEAPOLIS MN 55440
US

Mailing Address
1400 WEST 94TH STREET
MINNEAPOLIS MN 55440
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1975

4. FEI Number
35-1406595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 1016 W. 8th Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23 King of Prussia, PA
Zip Country

City & State
28
Zip Country

24 19406

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 P
NAME STEVER, ROBERT
STREET ADDRESS 1400 WEST 94TH STREET
CITY-ST-ZIP MINNEAPOLIS MN 55440

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1016 W. 8th Ave.
1.4 CITY-ST-ZIP King of Prussia, PA 19406

TITLE S
NAME LINNELL, NORMAN C
STREET ADDRESS 1400 WEST 94TH ST
CITY-ST-ZIP MINNEAPOLIS MN

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

TITLE T
NAME BOYLAN, BARBARA
STREET ADDRESS 1400 WEST 94TH STREET
CITY-ST-ZIP MINNEAPOLIS MN 55440

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1016 W. 8th Ave.
3.4 CITY-ST-ZIP King of Prussia, PA 19406

TITLE D
NAME LINNELL, NORMAN C
STREET ADDRESS 1400 WEST 94TH ST
CITY-ST-ZIP MINNEAPOLIS MN

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

TITLE AT
NAME ROBERTS, BEVERLY
STREET ADDRESS 1400 WEST 94TH STREET
CITY-ST-ZIP MINNEAPOLIS MN 55440

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

TITLE D
NAME COOK, WILLIAM
STREET ADDRESS 1400 WEST 94TH ST
CITY-ST-ZIP MINNEAPOLIS MN

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:

Beverly Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

612-887-3092

Daytime Phone #

CR2E034 (11/98)