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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F04237 (6)**

1. Corporation Name

HCC ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

Mailing Address

9829 NE CR 1469 BOX 69
EARLETON FL 32631

9829 N.E. CR. 1469 BOX 79
EARLETON FL 32631
US

2. Principal Place of Business

2a. Mailing Address

21 **MIDWAY PLAZA, S.R. 21**

26 **PO BOX 487**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **4**

27

23 **MELROSE FL**

28 **EARLETON FL**

Zip Country

Zip Country

24 **32660** 25 **US**

29 **32631** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HATCH, EARL R JR.
9829 N.E. CR 1469
EARLETON FL 32631**

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

Date Registered Agent Signature Required (which is not later than)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HATCH, EARL R., JR.	
STREET ADDRESS	9829 NE CR 1469 BOX 69	
CITY - ST - ZIP	EARLETON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PUCINO, LARRY M.	
STREET ADDRESS	430 NE 10 ST.	
CITY - ST - ZIP	GAINESVILLE FL 32602	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	HATCH, MONICA A.	
STREET ADDRESS	9829 NE CR 1469, BOX 69	
CITY - ST - ZIP	EARLETON FL 32631	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (352) 475-4804
Date Date Printed

CR2E034 (12/95)