FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F49859** **(4)**

1. Corporation Name
INSITUFORM SOUTHEAST, INC.

Principal Place of Business	Mailing Address
11511 PHILLIPS HIGHWAY SOUTH P. O. BOX 41629 JACKSONVILLE FL 32256 US	11511 PHILLIPS HIGHWAY SOUTH P. O. BOX 41629 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1981
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21: 11511 Phillips Hwy. S
22: Suite, Apt. #, etc.:
23: City & State: Jacksonville, FL
24: Zip: 32256
25: Country: US

2a. Mailing Address
26: P.O. Box 41629
27: Suite, Apt. #, etc.:
28: City & State: Jacksonville, FL
29: Zip: 32203-1629
30: Country:

4. FEI Number: 63-0817748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, BARBARA C
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BAIRD, JAMES J. JR.	1.2 NAME		
STREET ADDRESS	9937 ORCHARD HILLS RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	ADDERHOLD, TERRY W.	2.2 NAME		
STREET ADDRESS	6507 BURNHAM CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	LONG, WILLIAM J.	3.2 NAME		
STREET ADDRESS	3753 W. JACKSON BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MARINELLI, MICHAEL X.	4.2 NAME		
STREET ADDRESS	7821 STRATFORD RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	HAYES, J. THOMAS JR.	5.2 NAME		
STREET ADDRESS	12620 MILL RIDGE LN	5.3 STREET ADDRESS	11511 Phillips Highway S	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	SCUDDER, FRANK	6.2 NAME		
STREET ADDRESS	12507 MUSCOVY DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: J.J. Baird, Jr., President 1/16/95 904-292-3160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

0023111 CP