

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **F49859** (4)

1. Corporation Name

INSITUFORM SOUTHEAST, INC.

Principal Place of Business

11511 PHILLIPS HIGHWAY SOUTH
P. O. BOX 41629
JACKSONVILLE FL 32256
US

Mailing Address

11511 PHILLIPS HIGHWAY SOUTH
P. O. BOX 41629
JACKSONVILLE FL 32203-1629
US



2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
10/15/1981

3a. Date of Last Report
01/25/1995

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. 190.032,
Florida Statutes ☐ Yes ☐ No

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 607.1502, 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 of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE
**PD
BAIRD, JAMES J. JR.
9937 ORCHARD HILLS RD
JACKSONVILLE FL**

2. NAME ☐ DELETE
**V
ADDERHOLD, TERRY W.
6507 BURNHAM CIR
PONTE VEDRA BCH FL**

3. NAME ☒ DELETE
**VD
LONG, WILLIAM J.
3753 W. JACKSON BLVD.
BIRMINGHAM AL**

4. NAME ☒ DELETE
**D
MARINELLI, MICHAEL X.
7821 STRATFORD RD
BETHESDA MD**

5. NAME ☐ DELETE
**V
HAYES, J. THOMAS JR.
11511 PHILLIPS HIGHWAY S
JACKSONVILLE FL**

6. NAME ☒ DELETE
**V
SCUDDER, FRANK
12507 MUSCOVY DR.
JACKSONVILLE FL**

1. TITLE ☐ Change ☐ Addition
12 NAME

2. TITLE ☐ Change ☐ Addition
13 STREET ADDRESS

3. TITLE ☐ Change ☐ Addition
14 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
2.1 TITLE

5. TITLE ☐ Change ☐ Addition
2.2 NAME

6. TITLE ☐ Change ☐ Addition
2.3 STREET ADDRESS

7. TITLE ☐ Change ☒ Addition
2.4 CITY-ST-ZIP

8. TITLE ☐ Change ☐ Addition
3.1 NAME

9. TITLE ☐ Change ☐ Addition
3.2 NAME

10. TITLE ☐ Change ☐ Addition
3.3 STREET ADDRESS

11. TITLE ☐ Change ☒ Addition
3.4 CITY-ST-ZIP

12. TITLE ☐ Change ☐ Addition
4.1 NAME

13. TITLE ☐ Change ☐ Addition
4.2 NAME

14. TITLE ☐ Change ☐ Addition
4.3 STREET ADDRESS

15. TITLE ☐ Change ☐ Addition
4.4 CITY-ST, ZIP

16. TITLE ☐ Change ☐ Addition
5.1 NAME

17. TITLE ☐ Change ☐ Addition
5.2 NAME

18. TITLE ☐ Change ☐ Addition
5.3 STREET ADDRESS

19. TITLE ☐ Change ☐ Addition
5.4 CITY-ST-ZIP

20. TITLE ☐ Change ☒ Addition
6.1 NAME

21. TITLE ☐ Change ☐ Addition
6.2 NAME

22. TITLE ☐ Change ☐ Addition
6.3 STREET ADDRESS

23. TITLE ☐ Change ☐ Addition
6.4 CITY-ST, ZIP

**Director
Jerome Kalishman
11445 Conway Road
St. Louis, MO 63131**

**Director
Robert W. Affholder
1622 Timberlake Manor Pky.
Chesterfield, MO 63017**

**Sec. Treasurer
Joseph F. Olson
1222 Du Motier Drive
Manchester, MO 63011**

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 contained 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

J.J. Baird, Jr., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

904-262-5802

CR2E034 (12/95)