SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $125 (IF DISSOLVED, REINSTATEMENT AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000046 (3)**

1. Corporation Name
ALAMO ASBESTOS ABATEMENT, INC.

Principal Place of Business	Mailing Address
4249 INDUST. CTR. DR SAN ANTONIO TX 78217 US	4249 INDUST. CTR. DR SAN ANTONIO TX 78217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21: 8322 FM78
22: Suite, Apt. #, etc.
23: City & State: CONVERSE, TEXAS
24: Zip: 78109
25: Country: USA

2a. Mailing Address
26: 8322 FM78
27: Suite, Apt. #, etc.
28: City & State: CONVERSE, TEXAS
29: Zip: 78109
30: Country: USA

4. FEI Number: 74-2556684 ☐ 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
~~LONG, MAILE L~~ PARKER, MAILE LONG
825 LINDA
MARY ESTER FL 32569-1485

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 Section 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: 7/3/94
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	CP	1.1 TITLE		☐ Change ☐ Addition
NAME	LONG, M L	1.2 NAME	PARKER, MAILE L	
STREET ADDRESS	4249 INDUST CTR DR	1.3 STREET ADDRESS	8322 FM 78	
CITY-ST-ZIP	SAN ANTONIO TX	1.4 CITY-ST-ZIP	CONVERSE, TX 78109	
TITLE	VCVP	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, S R	2.2 NAME		
STREET ADDRESS	4249 INDUST CTR DR	2.3 STREET ADDRESS	8322 FM 78	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	CONVERSE TX 78109	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: _____ DATE: 7/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0102052 FN