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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:45

DOCUMENT # **F94000001755 (7)**

1. Corporation Name
OMEGA ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
19805 NORTH CREEK PARKWAY BOTHELL WA 98041	19805 NORTH CREEK PARKWAY BOTHELL WA 98041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2999 ALL AMERICAN BLVD	26 2999 ALL AMERICAN BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32810 / 25 ORANGE	Zip / Country 29 32810 / 30 ORANGE

4. FEI Number: 91-1622457 ☐ 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	10. Name and Address of New Registered Agent
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVE, SUITE 200 TALLAHASSEE FL 32301	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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	11 TITLE	☒ Change ☐ Addition
NAME	~~KAZAKIS, WILLIAM M~~	12 NAME	MIKE GURR
STREET ADDRESS	2999 ALL AMERICAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, JOSEPH M	22 NAME	
STREET ADDRESS	2999 ALL AMERICAN BLVD.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	~~TAYLOR II, JAMES R~~ OKAY	32 NAME	~~[illegible]~~
STREET ADDRESS	2999 ALL AMERICAN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	~~GUCCY, GARY M~~	42 NAME	BRAD POWELL
STREET ADDRESS	19805 N. CREEK PARKWAY	43 STREET ADDRESS	
CITY ST ZIP	BOTHELL WA	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	DECKER, SONJA G	52 NAME	
STREET ADDRESS	19805 N. CREEK PARKWAY	53 STREET ADDRESS	
CITY ST ZIP	BOTHELL WA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] 4/4/95 407-293-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402107 FP