**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 MAR 17 AM 10:08

DOCUMENT # F94000002295 (3)

1. Corporation Name
J.A. JONES ENVIRONMENTAL SERVICES COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 6135 PARK SOUTH DRIVE<br>SUITE 104<br>CHARLOTTE NC 28210 | 6135 PARK SOUTH DRIVE<br>SUITE 104<br>CHARLOTTE NC 28210 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report: Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 250
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 250
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 56-1860806 ☐ 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

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

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 | PCD | 1.1 TITLE | President & Director | ☒ Change ☐ Addition |
| NAME | HEIBERG, ELVIN R | 1.2 NAME | Neffgen, Alfred A. | |
| STREET ADDRESS | 6135 PARK SOUTH DRIVE, STE 104 | 1.3 STREET ADDRESS | 6135 Park South Drive, Suite 250 | |
| CITY-ST-ZIP | CHARLOTTE NC | 1.4 CITY-ST-ZIP | Charlotte, North Carolina 28210 | |
| TITLE | ST | 2.1 TITLE | Vice-President | ☒ Change ☐ Addition |
| NAME | CARVER, DENNIS | 2.2 NAME | L. Dale Harris | |
| STREET ADDRESS | 6135 PARK SOUTH DRIVE, STE 104 | 2.3 STREET ADDRESS | 6135 Park South Drive, Suite 250 | |
| CITY-ST-ZIP | CHARLOTTE NC | 2.4 CITY-ST-ZIP | Charlotte, North Carolina 28210 | |
| TITLE | VD | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SCHWEIKERT, DAVID H | 3.2 NAME | | |
| STREET ADDRESS | 6135 PARK SOUTH DRIVE, STE 104 | 3.3 STREET ADDRESS | 6135 Park South Drive, Suite 250 | |
| CITY-ST-ZIP | CHARLOTTE NC | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | LEE, RICHARD | 4.2 NAME | | |
| STREET ADDRESS | 6135 PARK SOUTH DRIVE, STE 104 | 4.3 STREET ADDRESS | 6135 Park South Drive, Suite 250 | |
| CITY-ST-ZIP | CHARLOTTE NC | 4.4 CITY-ST-ZIP | | |
| TITLE | V | 5.1 TITLE | Vice-President | ☒ Change ☐ Addition |
| NAME | WEILER, ROBERT | 5.2 NAME | Mark N. Littlewood | |
| STREET ADDRESS | 6135 PARK SOUTH DRIVE, STE 104 | 5.3 STREET ADDRESS | 6135 Park South Drive, Suite 250 | |
| CITY-ST-ZIP | CHARLOTTE NC | 5.4 CITY-ST-ZIP | Charlotte, North Carolina 28210 | |
| TITLE | | 6.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | | 6.2 NAME | James A. Bowden | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | J.A. Jones Drive | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Charlotte, North Carolina 28287 | |

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 authorized 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: Richard Lee 3/6/95 7045533698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308077 FP