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FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000002487 (6)

1. Corporation Name

HERITAGE ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

5400 W. 86TH ST.  
INDIANAPOLIS IN 46268

Mailing Address

5400 W. 86TH ST.  
INDIANAPOLIS IN 46268-1502



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

35-1413237

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FEHSENFELD, FRED M JR	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46268	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEHSENFELD, JAMES C	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46268	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DAVIS, LEWIS L	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	VERCRUYSSSE, JOHN P	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46268	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPANGLER, JOHN S	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46268	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOHMANN, C S	
STREET ADDRESS	5400 W. 86TH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46268	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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: John P. Vercruysse  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Vercruysse 4/28/97  
Date

317-872-6010  
Daytime Phone #