

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005495 (6)

1. Corporation Name

ENVIRONMENTAL REMEDIATION SYSTEMS, INCORPORATED



Principal Place of Business

Mailing Address

PO BOX 36190
MYRTLE GROVE FL 32516-6190

PO BOX 36190
MYRTLE GROVE FL 32516-6190

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
63-1025463

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

CURTIS, M. RAY
8600 HWY 98 W.
PENSACOLA FL 32516

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3028 KNOTTY PINE DR

83

84 City

PENSACOLA

FL

85

Zip Code

32505

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	MAYES, ROBERT G	
STREET ADDRESS	19710 COUNTY RD 9	
CITY-ST-ZIP	SILVERHILL AL 36576	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MAYES, MINNIE	
STREET ADDRESS	19710 COUNTY RD 9	
CITY-ST-ZIP	SILVERHILL AL 36576	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOLEY, CHANTELL M	
STREET ADDRESS	15121 COUNTY RD 43	
CITY-ST-ZIP	FAIRHOPE AL 36532	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	MAYES, ROBERT G JR	
STREET ADDRESS	19713 COUNTY RD 9	
CITY-ST-ZIP	SILVERHILL AL 36576	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CURTIS, M. RAY	
STREET ADDRESS	3028 KNOTTY PINE DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	6013 CHANDELLE CR.	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	6013 CHANDELLE CR.	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
3.1 TITLE	V/I/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	6011 CHANDELLE CR.	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5076 CHANDELLE DR	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BUFORD LIPSCOMB	
6.3 STREET ADDRESS	6008 CHANDELLE CR.	
6.4 CITY-ST-ZIP	PENSACOLA, FL 32507	

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

984-453-1400

Date Daytime Phone #

CR2E034 (12/95)