

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # F95000002752 (2)

1. Corporation Name

FLORIDA REMEDIATION SERVICES, INC.

Principal Place of Business
4946 E. HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address
4946 E. HILLSBOROUGH AVE.
TAMPA FL 33610-4744



3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
10/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3328672

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

RIPA, FRANK
111 S. ARMENIA AVE.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

4946 E. Hillsborough Ave

83

84 City

FL

85 Zip Code
33610

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	DP	<input type="checkbox"/> DELETE
NAME	BONMATI, REYNALD G	
STREET ADDRESS	142 TEMPLE ST	
CITY-ST-ZIP	NEW HAVEN CT 06510	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUCKMAN, JOHN W	
STREET ADDRESS	142 TEMPLE ST	
CITY-ST-ZIP	NEW HAVEN CT 06510	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TOLBERT, JR., ROBERT D	
STREET ADDRESS	111 S. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DASV	<input type="checkbox"/> DELETE
NAME	OTERO, CHARLES	
STREET ADDRESS	111 S. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RIPA, FRANK	
STREET ADDRESS	111 S. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4946 E. Hillsborough Ave
5.4 CITY-ST-ZIP	Tampa, FL 33610
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/10/97 (813) 246-4656

CR2E034 (9/96)