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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F95000002752 (2)

FLORIDA REMEDIATION SERVICES, INC.

## FILED May 05 1997 8:00am Secretary of State



	ace of Business	Mailing Address				DALLI BOHLU IBOK IDO	## ##### #############################
•	.SBOROUGH AVE.	4946 E. HILLSBOROUGH A	WE				
4940 E. MILL TAMPA FL 3:		TAMPA FL 33610-4744	74E.				
					Date Incorporated or Qualified     06/07/1995	3a. Date of L 10/28/19	
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
1]		26		r:\	59-3328672		Not Applicable
Suite, Ap		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & St	ate	City & State		***	Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Cou	ritry	8. This corporation has liability for it	ntapgible tax un	der s. 199.032,
4]	25	29	30	r	Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		mal	10. Name and Address of New Re	gletered Agent	
	PA, FRANK		Total San	81 Name			
	1 S. ARMENIA AVE.			B2 Street A	Address (P.O. Box Number is Not Acceptab	(e)	
TA	MPA FL 33609		1	49	46 E. Hillsboroug	h Ave	
			[	83		3	
			ł	84 City		95	Zip Code
				' '		FL	336/0
I1. Pursual	nt to the provisions of Sections 607,050	02 and 607.1508, Florida Statut	es, the at	ove-named	corporation submits this statement for the p	urpose of chang	ing its registered
office o acient.	ir registered agent, or both, in the State Lam familiar with, and accept the oblic	e of Florida. Such change was a pations of, Section 607.0505. Flo	autnorizeo orida Stat	a by the corp utes.	corporation submits this statement for the p oration's board of directors. I hereby accep	it the appointme	nt as registered
SIGNATURI		,					
SIGNATURI	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signature	required when reinstating)	DATE	
2.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	DP	DELETE	1.1 76	ILE		☐ Ch	ange Additio
	BONMATI, REYNALD G	DELETE	1.1 Til 1.2 N/			☐ Ch	ange Additio
NAME	BONMATI, REYNALD G 142 TEMPLE ST	DELETE	1.2 N			☐ Ch	ange 🔲 Additio
name Street addres	BONMATI, REYNALD G	DELETE	1.2 NF 1.3 ST	AME		☐ Ch	ange Additio
NAME Street addres City-SI-ZIP	BONMATI, REYNALD G 142 TEMPLE ST	☐ DELETE	1.2 NF 1.3 ST	AME REET ADDRESS KY-ST-ZIP		☐ Ch	
NAME STREET ADDRES CITY-ST-ZIP TITLE	BONMATI, REYNALD G 142 TEMPLE ST NEW HAVEN CT 06510		1.2 N/ 1.3 ST 1.4 C/	MEET ADDRESS KY-ST-ZIP			
NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	BONMATI, REYNALD G 142 TEMPLE ST NEW HAVEN CT 06510 ST BUCKMAN, JOHN W		1.2 N/ 1.3 ST 1.4 CI 2.1 TIT 2.2 N/	MEET ADDRESS KY-ST-ZIP			
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TITLE  NAME  STREET ADDRES  CITY-SI-ZIP  TITLE  NAME	BONMATI, REYNALD G 142 TEMPLE ST NEW HAVEN CT 08510 ST BUCKMAN, JOHN W 142 TEMPLE ST NEW HAVEN CT 08510 DVP TOLBERT, JR., ROBERT D 111 S. ARMENIA AVE. TAMPA FL 33609 DASV OTERO, CHARLES 111 S. ARMENIA AVE. TAMPA FL 33609 DVP RIPA, FRANK 111 S. ARMENIA AVE. TAMPA FL 33609	☐ DELETE ☐ DELETE	1.2 NV 1.3 SI 1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 C 3.1 TI 3.2 NA 3.3 SI 3.4 C 4.1 TII 5.2 NA 5.3 SI 5.4 CI 6.1 TI 6.2 NA	MME  **HEET ADDRESS  **Y-ST-ZIP  **LE  **UME  **REET ADDRESS  **ITY-ST-ZIP  **LE  **MME  **REET ADDRESS  **ITY-ST-ZIP  **LE  **AME  **REET ADDRESS  **TY-ST-ZIP  **LE  **MME  **REET ADDRESS  **TY-ST-ZIP  **TY-ST	4944 E. Hillsboro Tampa, FL 33610	□ chi □ chi □ chi □ chi □ chi	ange Additionange
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I. 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 composition or the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cityinged, or or an entachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO DESICES OR DISECTOR

4/10/97 (813)246-465