

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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3018 US Hwy 301 N Suite, Apt. #, etc. 22 Suite 110 City & State 23 Tampa, FL Zip 24 33619		2a. Mailing Address 26 3018 US Hwy 301 North Suite, Apt. #, etc. 27 Suite 110 City & State 28 Tampa, FL Zip 29 33619		3. Date Incorporated or Qualified 06/07/1995	
		4. FEI Number 59-3328672		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIPA, FRANK 4946 E. HILLSBOROUGH AVE TAMPA FL 33610				10. Name and Address of New Registered Agent 81 Name Frank P. Ripa 82 Street Address (P.O. Box Number is Not Acceptable) 3018 U.S. Highway 301 North, Suite 110 83 84 City Tampa FL 85 Zip Code 33619			
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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 *Frank P. Ripa* **Frank P. Ripa, President** **3/13/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BONMATI, REYNALD G		1.2 NAME				
STREET ADDRESS	142 TEMPLE ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HAVEN CT 06510		1.4 CITY-ST-ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BUCKMAN, JOHN W		2.2 NAME				
STREET ADDRESS	142 TEMPLE ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HAVEN CT 06510		2.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TOLBERT, JR., ROBERT D		3.2 NAME	Tolbert, Jr., Robert D.			
STREET ADDRESS	111 S. ARMENIA AVE.		3.3 STREET ADDRESS	3018 U.S. Highway 301 N., Ste. 100			
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP	Tampa, FL 33619			
TITLE	DASV	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OTERO, CHARLES		4.2 NAME	Otero, Charles			
STREET ADDRESS	111 S. ARMENIA AVE.		4.3 STREET ADDRESS	3018 U.S. Highway 301 N., Ste. 100			
CITY-ST-ZIP	TAMPA FL 33609		4.4 CITY-ST-ZIP	Tampa, FL 33619			
TITLE	DVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RIPA, FRANK		5.2 NAME	Ripa, Frank P.			
STREET ADDRESS	4946 E. HILLSBOROUGH AVE.		5.3 STREET ADDRESS	3018 U.S. Highway 301 N., Ste. 100			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33619			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	Weddle, Christopher			
STREET ADDRESS			6.3 STREET ADDRESS	3018 U.S. Highway 301 N., Ste. 100			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33619			

14. I 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: *Frank P. Ripa* **Frank P. Ripa, President** **3/13/98** **813-246-4656**

CR2E034 (10/97)