Mailing Address
14649 HWY 41 NORTH

EVANSVILLE IN 47711

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 POCUMENT # F9600003256

1, Corporation Name

Principal Place of Business

Principal Place of Business

14649 HWY 41 NORTH EVANSVILLE IN 47711

Suite, Apr. #, etc.

KOESTER ENVIRONMENTAL SERVICES, INC.

| 2 | | 27 | | | | | | BQ(1) OO |
|---|---|----------------------------|---------------------------------|-------------------------------|-------------------------|---|-----------------------------------|---------------------------|
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 3 | | 28 | | | | Trust Ft nd Contribution | | to <u>-</u> ees |
| Zip ¬ | Count y Zip | | Coun | itry | | 8. This corporation owes the current year | | □ lbtm |
| 4 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | ∑]No |
| | 9. Name and Addr sss of Current | Registered Agent | | 04 | NI | 10. Name and Address of New Register | ec Agent | |
| 0.7 | CORROBATION OVETEN | | ' | 81 | Name | | | |
| C T CORPORATION SYSTEM | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 1 | | | | | |
| PLA | NTATION FL 33324 | |] 1 | 83 | | | | |
| | | | - | 84 | City | | 85 Zip | Co le |
| | | | [| | Oity | F | =[_ 00 2.5 | |
| office or r | registered agent, or both, in the State of am familiar with, and accept the obligation | f Florida. Such change was | a ithorized l | by th | named cor e corporat | oration submits this statement for the purposi on's board of directors. I hereby accept the ap | of changing its operintment as re | s registered egistered |
| | Signature, typed or printed name of registered agent | | TE Registered A | gent s | ignature requi | ed when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | <u>-</u> - | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | DP | X) DELETE | 11 TITL | 11 TITLE | | President: | | X Addition |
| NAME | DODD, ERIC B | | 1 2 NAM | ΛE | , | Michael Thompson | | |
| STREET ADDRES 3 | 14649 HWY 41 NORTH | | 1.3 STR | 1.3 STREET ADDRESS | | 14649 Highway 41 North | | |
| CITY-ST-ZIP | ENVANSVILLE IN 47711 | | 14 CIT | 14 CITY-ST-ZIP | | Evansville IN 47711 | | |
| TITLE | D | ☐ DELETE | 2.1 TITL | E. | | | ☐ Change | ☐ Addition |
| NAME | MOURDOCK, RICHARD | | 2.2 NAM | Æ | | | | |
| STREET ADDRES 3 | 14649 HWY. 41 N. | | 2.3 STR | EET AL | DDRESS | | | |
| CITY-ST-ZIP | EVANSVILLE IN 47711 | | 2. 4 CIT | Y-ST-7 | ZIP | | | |
| TITLE | DT | ☐ DELETE | 3.1 THTL | 3.1 TITLE | | Assistant Secretary | ☐ Change | Addition |
| NAME | BOWER, D. ROBERT | | 3.2 NAM | Æ | | O. Robert Bower | | |
| STREET ADDRESS | | | 3.3 STR | REET A | | 14649 Highway 41 North | | |
| CITY-ST-ZIP | EVANSVILLE IN 47711 | | 3.4. CIT | Y-\$T- | | Evansville IN 47711 | | |
| TITLE | D | ☐ DELETE | 4.1 TITL | | | 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Change | Addition |
| NAME | KOESTER, DANIEL | | 4. 2 NA) | ME | | | | |
| STREET ADDRES 3 | | | 4 3 STR | REETAI | DDRESS | | | |
| CITY-ST-ZIP | EVANSVILLE IN 47711 | | 4.4 CIT) | Y-ST-Z | ZIP | | | |
| TITLE | S | XX DELETE | 5.1 TITL | | | | Change | Addition |
| | COMPTON, MARY H | | 5 2 NAM | Æ | - | | | |
| NAME | | | 53 STD | PEET AF | DDRESS | | | |
| | • | | 3.3 311 | | | | | |
| STREET ADDRES 3 | 14649 HWY 41 NORTH | | 5.4 CITY | | - 1 | | | |
| STREET ADDRES 3 | • | ☐ DELETE | A | Y-ST-Z | - 1 | | Change | Addition |
| STREET ADDRES 3 CITY-ST-ZIP TITLE | 14649 HWY 41 NORTH | ☐ DELETE | 5.4 CITY | Y-ST-Z .E | - 1 | <u> </u> | Change | Addition |
| STREET ADDRES () CITY-ST-ZIP TITLE NAME | 14649 HWY 41 NORTH ENVANSVILLE IN 47711 | ☐ DELETE | 5.4 CITY 6.1 TITL 6.2 NAM | Y-ST-Z .E ME | - 1 | | Change | Addition |
| NAME STREET ADDRES 3 CITY- ST-ZIP TITLE NAME STREET ADDRES 3 CITY- ST-ZIP | 14649 HWY 41 NORTH ENVANSVILLE IN 47711 | ☐ DELETE | 5.4 CITY 6.1 TITL 6.2 NAM | Y-ST-Z .E ME REET AI | DDRESS | | ☐ Change | Addition |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Robert Bower

officer or director of the corporation or the receiver or trustee empowered to e recute 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, with all other like empowered.

4/23/99

(812) 867-6635

)aytime Phone #

CR2E034 (11/98)

Applied For Not Applicable

\$8.75 Ad titional

FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90019 044 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifca e of Status Desired

06/25/1996

<u>35-1975473</u>

4. FEI Nur iber