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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96038

1. Corporation Name

ALLEN'S ENVIRONMENTAL EQUIPMENT, INC.

Principal Place of Business Mailing Address							- 11801100 1110 (8110 81114 88188 1116)		TEL MINIS MENSIS	
735 COMMERCE CIRCLE		735	735 COMMERCE CIRCLE							
LONGWOOD FL 32750			LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE			
US			US				3. Date Incorporated or Qualifed			
							08/19/1982			
2. Principal P	lace of Business	2a.	Mailing Address		_		4. FEI Number		Ar	plied For
21			26				59-2209848	•	No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	П	,	Additional
		27					3. Octavate of octava Basilion	<u>-</u>	Fee Re	equired
City & State		<u> </u>	City & State				6. Election Campaign Financing		\$5.00	, ,
23		28					Trust Fund Contribution			to Fees
Zip ──┐			- ·				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒☒No			
24	25	29		30			Personal Property Tax. 10. Name and Address of New Re			142110
<u> </u>	9. Name and Address of Currer	it Regisi	tered Agent	8-	ī	Name	10. Name and Address of New Ite	gioterou r	·go	
ALLE	en, ronald p.									
2104 VENETIAN WAY				82	2	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
WINTER PARK FL 32789										
				83	┸					
				84	4	City		FI	85 Zip (Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid itions of,	a, Such change was au Section 607.0505, Flori	ithorized by ida Statute	y tr s.	he corporation	ration submits this statement for the price board of directors. I hereby accept	the appoin	tment as re	gistered
				Registered Agent signature require 13.			ADDITIONS/CHANGES TO OFFI		D DIRECTO	ORS IN 12
12.	PD	ID DIKE	DELETE	1.1 TITLE			ADDITIONO/O.W.NOEG TO GITT	OLITO FILL	Change	Addition
NAME	ALLEN, RONALD P.			1.2 NAME		1				
STREET ADDRESS	AAAA UENETTAN MAAV					ADDRESS				
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-						
TITLE	S		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	KELLY, GAIL L			2.2 NAME						
STREET ADDRESS	COLLO COLINETY DE 107			2.3 STREE	EΤΑ	ADDRESS				
CITY-ST-ZIP	SORRENTO-FL-32776		_	2. 4 CITY-	ST-	-ZIP				
TITLE			☐ DELETE	3.1 TITLE			-		Change	☐ Addition
NAME				3.2 NAME						ľ
STREET ADDRESS				3.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP				3.4. CfTY-	ST-	-ZIP				
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	ET A	ADDRESS				1
CITY-ST-ZIP				4.4 CITY-:	ST-	ZIP				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	Addition i
NAME				5.2 NAMÉ						İ
STREET ADDRESS				5.3 STREI		~			-	
CITY-ST-ZIP				5.4 CITY-		·ZIP	• •		Change	Addition
TITLE	1 * 1		DELETE	6.1 TITLE			~ · ·		Change	☐ Addition
NAME ,				6.2 NAME		ADDRESS	-			

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 receive or trustee and parent 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 or an attachment with an officer, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Ronald P Allen, President

4/27/99

407-834-3239

Daytime Phone #