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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth m

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001090

SENIOR ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business Mailing Address 4926 WINDY HILL DRIVE RALEIGH NC 27809

FILED Apr 02 1998 8:00am Secretary of State



4926 WINDY HILL DRIVE RALEIGH NC 27809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 56-1720449 Not Applicable Suite, Apt. #, etc Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324 B3** 84 City Zip Code 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 registored agent, or both, in the State of Lorida. 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. Nond or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE IRVIN. CLAUDIA B NAME 1.2 NAME CR2E034 4926 WINDY HILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS RALEIGH NC 27609 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE ☐ Change Addition PARKER, SHARON NAME 2 2 NAME 14661 S. HARREL'S FERRY ROAD STREET ADDRESS 2.3 STREET ADDRESS **BATON ROUGE LA 70818** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition TITLE 3 1 TITLE PARKER, NORMAN NAME 3.2 NAME 14661 S. HARREL'S FERRY ROAD STREET ADDRESS 3.3 STREET ADDRESS **BATON ROUGE LA 70816** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE CLEMMONS, WILLIAM NAME 4. 2 NAME 14661 S. HARREL'S FERRY ROAD 4.3 STREET ADDRESS STREET ADDRESS **BATON ROUGE LA 70818** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 any 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 they exciver or usatice exposed 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 any ay chiment with appendixes.

SIGNATURE:

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