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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

DOCU	MENT # F9700	0005402 (9	9)	3
	IVIRONMENTAL, INC.	•	•	
50, 51	WITCHWIENTAL, INC.			I INCOME TAKE INTO ABOUT ABOUT ABOUT REVIEW BOTT REVIEW ABOUT REVIEW ABOUT THE CORE
			•	
Principal Plac	ce of Business	Mailing Address	<u>L</u>	
1050 WEST WESTERN AVE., STE. 330 1050 WEST WESTERN AVE			N AVE., STE. 330	
MUSKEGON	MI 49441	MUSKEGON MI 49441		
				DO NOT WRITE IN THIS SPACE
			1	3. Date Incorporated or Qualified 10/14/1997
2. Principal F	Place of Business	2a. Mailing Address	*	
21		26	<u> </u>	4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$9.75 Additional
22		27	<u> †</u>	5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🗓 No
<u> </u>	Name and Address of Currer CORPORATION SYSTEM	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
_			, Joi Maine	
1200 SOUTH PINE ISLAND ROAD			Street Add	dress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			83	
			63	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	atutes, the above-named cor	rporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was atlons of Section 607 0505	as authorized by the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	and doodpt the cong	20010 01, 0002011 001 10000,	, rionda otatulos.	
	Signature, typed or printed name of registered age		NOTE: Registered Agent signature requ	uired when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ch Ch	L DELETE	1,1 TITLE	Change Addition
NAME	EMERY, DAVID D 1050 WEST WESTERN AVE.,	QTE 220	1,2 NAME	
STREET ADDRESS	MUSKEGON MI 49441	01E. 000	1,3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DT DT	DELETE	1.4 CITY-ST-ZIP	
NAME	LISSNER, KURT	C DELETE	2.1 TITLE	Change Addition
STREET ADDRESS	RT. 3, BOX 375		2.2 NAME	
CITY-ST-ZIP	BIG SANDY TX 75755		2.3 STREET ADDRESS	
TITLE	DV	☐ DELETE	2.4 CITY-ST-ZIP	Change Addition
NAME	FAESSLER, PAT		3.2 NAME	C ondage C Addition
STREET ADDRESS	1050 WEST WESTERN AVE.,	STE. 330	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUSKEGON MI 49441		3.4. CITY-ST-ZIP	
TITLE	S	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WROLSTAD, LESLIE		4. 2 NAME	
STREET ADDRESS	1050 WEST WESTERN AVE.,	STE. 330	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUSKEGON MI 49441		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	j
City-St-ZiP	ertify that the information supplied with	ith this filing does not avails	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated.	orary diac are anomiation supplied wi	in any timed coss nor drain.	y ioi trie exemplion stated in	r section in ratio (s)(r), monda statutes. I further certify that the information

(616) 726 6171