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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800003659

CLEAN-RITE ENVIRONMENTAL INC.

Principal Plac	a of Rusiness	Mailing Address					
6900 MOFFETT MOBILE AL 366	ROAD	6900 MOFFETT ROAD MOBILE AL 36618					
MODILE AL SOL		MODILE AL SOCIO		DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed		į	
				06/18/1998	<del></del>		
<u></u>	Place of Business	2a. Mailing Address	1 2 11 9	4. FEI Number	Applied		
21		26 V. U. 100)	× 643	63-0845558		plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Addit Fee Requir		
City & Stat	36	City & State		6. Election Campaign Financing	\$5:00 May	7 Be	<b></b>
23		28 Semme	25. A1 _	Trust Fund Contribution	Added to Fe	ees	
Zip	Country	Zip	Country	8. This corporation owes the current year In			
24	25	<u> </u>	30 mobile	Personal Property Tax.	☐ Yes ☐	40	
	9. Name and Address of Curren	t Registered Agent	04  N	10. Name and Address of New Registered	Agent		
СТ	CORPORATION SYSTEM		81 Name				
	SOUTH PINE ISLAND ROAD		82 Street Addr	Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		83		<del></del>	-,	
, , ,	11/11/0/11/2 00021				·		
•			84 City	FL	85 Zip Code	e	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of	changing its regi	istered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ithonzed by the corporation	on's board of directors. I hereby accept the appo	intinent as registe	areo	
SIGNATURE	, ,					_	
<u> </u>	Signature, typed or printed name of registered agen		Registered Agent signature require		ND DIDECTORS	111.12	8
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		Addition	CR2E034 (11/98)
TITLE	P CULTUREDO EDDIE	C) pereie	1.1 TITLE 1.2 NAME				7
NAME	SUMMERS, EDDIE		1.3 STREET ADDRESS				8
STREET ADORESS	6900 MOFFETT ROAD		1.4 CITY-ST-ZIP			ĺ	ZE
CITY-ST-ZIP	MOBILE AL 36618	☐ DELETE	2.1 TITLE	<del></del>	☐ Change ☐	Addition	$\ddot{c}$
NAME	SUMMERS, LINDA	<u></u>	2.2 NAME		- • -	1	
STREET ADDRESS	6900 MOFFETT ROAD		2.3 STREET ADDRESS			1	
CITY-ST-ZIP	MOBILE AL 36618		2. 4 CITY-ST-ZIP			- ]	
TITLE	WOBILE /IL OUT IO	☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME.			ĺ	
STREET ADDRESS			3.3 STREET ADDRESS			ľ	
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	] Addition	
NAME			4. 2 NAME			J	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TTLE		Change	] Addition	
NAME			5.2 NAME			1	
STREET ADDRESS			5.3 STREET 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**FILED** 

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90036 010 \*\*\*150.00

A LOCKION HER PREBLANCH CONTRACTOR CONTRACTO

Change

Addition