

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

FILED  
Jun 10, 1999 8:00 am  
Secretary of State

06-10-1999 90025 014 \*\*\*150.00

DOCUMENT # F98000004437

1. Corporation Name

CONSULTECH ENVIRONMENTAL OF FLORIDA, INC.

Principal Place of Business

5961-A LIVE OAK PKWY  
NORCROSS GA 30093

Mailing Address

5961-A LIVE OAK PKWY  
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1800 MACLEOD DR.

26 1800 MACLEOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE F

27 SUITE F

City & State

City & State

23 LAWRENCEVILLE, GA

28 LAWRENCEVILLE, GA

Zip

Country

24 30043

25 USA

Zip

Country

29 30043

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, MICHAEL W  
19506 PINE TREE RD  
ODESSA FL 33556

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 registered agent, or both, in the State of Florida. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME GOODSPEED, RICHARD

STREET ADDRESS 5961-A LIVE OAK PKWY

CITY-ST-ZIP NORCROSS GA 30093

TITLE VC ☐ DELETE

NAME GOODSPEED, MONICA

STREET ADDRESS 5961-A LIVE OAK PKWY

CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ DELETE

NAME FULLER, MICHAEL W

STREET ADDRESS 2701 W. BUSCH BLVD

CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/C ☒ Change ☐ Addition

GOODSPEED, RICHARD  
1800 MACLEOD DR. - SUITE F  
LAWRENCEVILLE, GA 30043

V/S/T/D ☒ Change ☐ Addition

1800 MACLEOD DR - SUITE F  
LAWRENCEVILLE, GA 30043

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 678-377-0400

CR2E034 (11/98)