02231999-90054-022-$150.00-$150.00

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

**FILED**
**Feb 23, 1999 8:00 am**
**Secretary of State**
02-23-1999 90054 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
*Katherine Harris*
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006347

1. Corporation Name
ENVIROCLEAN SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 191 HERBERT ST.<br>LEESVILLE LA 71446 | 191 HERBERT ST.<br>LEESVILLE LA 71446 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: 11/18/1998

4. FEI Number: 64-0796877 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Trappe & Dusseault, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 236 McKenzie Avenue
83: Panama City, FL 32402
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] for Trappe & Dusseault — 5-11-99
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 | CP | ☒ DELETE | 1.1 TITLE | CV | ☐ Change ☒ Addition |
| NAME | SMYTH, GEORGE W III | | 1.2 NAME | Lee N. Smyth | |
| STREET ADDRESS | 7450 NW 75TH DR. | | 1.3 STREET ADDRESS | 191 Hebert Rd- | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | 1.4 CITY-ST-ZIP | Leesville, LA 71446 | |
| TITLE | CV | ☐ DELETE | 2.1 TITLE | CV | ☐ Change ☒ Addition |
| NAME | SMYTH, GEORGE W JR. | | 2.2 NAME | David M. Smyth | |
| STREET ADDRESS | 191 HERBERT RD. | | 2.3 STREET ADDRESS | 191 Hebert Rd | |
| CITY-ST-ZIP | LEESVILLE LA 71446 | | 2.4 CITY-ST-ZIP | Leesville, LA 71446 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | CV | ☐ Change ☒ Addition |
| NAME | SMYTH, REBA L | | 3.2 NAME | Patrick L. Smyth | |
| STREET ADDRESS | 191 HERBERT RD. | | 3.3 STREET ADDRESS | 191 Hebert Road | |
| CITY-ST-ZIP | LEESVILLE LA 71446 | | 3.4 CITY-ST-ZIP | Leesville, LA 71446 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | CP | ☒ Change ☐ Addition |
| NAME | | | 4.2 NAME | George W. Smyth, Jr. | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 191 Hebert Road | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Leesville, LA 71446 | |
| 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 | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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] — 5/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #