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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000006465

LMS ENVIRONMENTAL CONTRACTING, INC.

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Principal Plac	ce of Business	Mailing Address				11 MB145 BB151 BB51# B514 B181	- FAIGI BILL 1991
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					11/25/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			35-2032723	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	Additional
22		27				Fee R	equired
City & Sta	ite .	City & State			6. Election Campaign Financing	1 1	May Be
23	Country	28	C=-		Trust Fund Contribution		to Fees
Zip		Zip	_	intry	8. This corporation owes the curre	ent year Intangible ☐ Yes	No
24	9. Name and Address of Current	Pagistared Agent	30	1 -	Personal Property Tax. 10. Name and Address of New R		- INO
	A Name and Address of Current	Wateren with the state of the s	_	81 Name	.v. Hame and Addless of New N	eRistalan Whalit	
COF	RPORATION SERVICE COMPANY						
LNS 120	1/HAYS STREET	VG, 410		82 Street Add	dress (P.O. Box Number is Not Acceptal	ple)	
🚽 TALI	LAHASSEE FL 32301-2525	·		83		rri mani ka mateka dipingi di kabapatan Mili Mili Mili Mili Santa Mari Santa	THE STATE OF STATE
						特的技术	
				84 City	The second section of the se	E1 85 Zip	Code
11 Dureusant	to the province of Sections 607.0503	Land 607 1609, Florida Statu	itae the e	hove pamed cor	poration submits this statement for the	TL	Faciatored
OHICE OF	registered agent, or both, in the State C	n rionua. Such change was i	auunonze	a by the corporat	ion's board of directors. I hereby accept	t the appointment as re	egistered
	am familiar with, and accept the obligati	ions of, Section 607.0505, Fi	ionda Stat	utes.		•	j
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature requir	ed when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		E: Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
12.	_ 				ADDITIONS/CHANGES TO OFF		DRS IN 12
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6.4 CITY-ST-ZIP 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.

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90058 047 ***150.00

(812)273-5740