SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 © DOCUMENT # G3517

(7)

ENVIRONMENTAL RESOURCES MANAGEMENT-SOUTH, INC.

Secretary of State

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FILED

Jul 16 1998 8:00am

Principal Place of Business Mailing Address					A CONTACT DOOR THE COURT TO SEE THE COURT OF	II OFFIE CION BEDE DEDI DIVINGDI
9501 PRINCESS PALM AVE. #100 TAMPA FL 33619		9501 PRINCESS PALM AVE. #100 TAMPA FL 33619		DO NOT WRITE IN THIS SPACE		
	;				3. Date incorporated or Qualified	
8 Deleviers	Non- of Dualiness				04/21/1983	
21	3913 Riga Blvd		iga	Blud.	4. FEI Number 59-2333585	Applied For Not Applicable
Suite, Apt.	#, etc. ()	Suite, Apt. #, etc.	0		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	lampa FL	City & State 1 CM	pa	4	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 331	019 Country USA	^{Zip} 33619	Counti	^y USA	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
CT	CORPORATION SYSTEM		8	1 Name		
* 8751 WEŞT BROWARD BLVD.				2 Street A	eet Address (P.O. Box Number is Not Acceptable)	
' PLA	NTATION FL 33324		8:	3	<u></u>	
				4 00		
			8	4 City	F	L 85 Zip Code
Office of	registered agent, or both, in the Sta am familiar with, and accept the ob	ite of Florida. Such change was autigations of, section 607.0505, Flori	thorized b	y the corpoi	rporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing Its registered pointment as registered
40	Signature, typed or printed name of registered a	·	 	Agent signature	required when reinstating) DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME	GR UB ER, PAUL	L_] DELETE	1.1 TITLE			L. Change L. Addition
	1038 FRANKLAND RD		1.2 NAME			
STREET ADDRESS	TAMPA FL			T ADDRESS		
CITY-ST-ZIP TITLE	D .		1.4 CITY-9 2.1 TITLE	ST-ZIP		
NAME	WOODRUFF, PAUL H.	DELETE				Change Addition
STREET ADDRESS	1406 WREN LANE		2.2 NAME			
CITY-ST-ZIP	WEST CHESTER PA		1	T ADDRESS		
TITLE	T	DELETE	2.4 CITY-S 3.1 TITLE	31-ZIP		
NAME	STOUT, JAN S	TAI DELEIE	3.2 NAME			Change Addition
STREET ADDRESS	12920 RAIN FOREST ST			TADODESS		
CITY-ST-ZIP	TAMPA FL			T ADDRESS		
TITLE	S	DELETE	3.4 CITY-S 4.1 TITLE	II-ZIP		[
NAME	BUOKINGHAM, PHILLIP L	L_J DELETE	4.1 HILE		~	Change Addition
STREET ADDRESS	14003 ASHLAND MANOR WA	٧	1	TADDRESS	6348 MacLaurin Dri	٧.٤
CITY-ST-ZIP	TAMPA FL	11		TADDINEOU		
TITLE	TOWN OIL	DELETE	4.4 CITY-S 5.1 TITLE	1-217		
NAME		☐] DECE IE	5.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			I .	TADDRESS		
CITY-ST-ZIP			I			
TITLE	·	DELETE	5.4 CITY-S 6.1 TITLE	1-217		□ a □ a
NAME		L_I DELETE	6.2 NAME			Change Addition
ATREET LOADSON			0.2 NAME	1		

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 or an attention with an address.

6.4 CITY-ST-ZIP

ICALATURE. Transfer Mary Double Chrybec

813-8727

CR2E034 (5/90)