FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FILED
THE DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10088 (3)

1. Corporation Name
MFM ENVIRONMENTAL COMPANY

Principal Place of Business	Mailing Address
3300 S.W. 34TH AVENUE. STE. 152 OCALA FL 34474-1487	3300 S.W. 34TH AVENUE. STE. 152 OCALA FL 34474-1487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/27/1984	04/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34474-4487 Country 25	Zip 29 34474-4487 Country 30

4. FEI Number 59-2473572 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILKINSON, MICHAEL 3300 SW 34TH AVE. STE. 152 OCALA FL 34474	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 _____ DATE
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	1.1 TITLE	Controller	☐ Change ☒ Addition
NAME	PALMER, W. M., JR.	1.2 NAME	Harvey Radford	
STREET ADDRESS	3080 SW 53RD ST	1.3 STREET ADDRESS	2821 SW 36th Drive	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	EDGAR, ALLEN C.	2.2 NAME		
STREET ADDRESS	2506 SW 9TH DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, MARGARET	3.2 NAME		
STREET ADDRESS	1318 S.E. 8TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MUTSCHLER, JOHN G.	4.2 NAME		
STREET ADDRESS	1212 W. 96TH ST., #2B	4.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON MN	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	GLANZER, DOROTHY	5.2 NAME		
STREET ADDRESS	4220 SW 5TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, MICHAEL W.	6.2 NAME		
STREET ADDRESS	5155 SE 44TH AVE., RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: Harvey Radford Harvey Radford 2/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date (Telephone Number #)

0351300 CP