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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H84315** **(1)**

1. Corporation Name
FLORIDA ENVIRONMENTAL, INC.

Principal Place of Business	Mailing Address
% JACK O. HACKETT II ESQ. P.O. DRAWER 1447 PUNTA GORDA FL 33951	% JACK O. HACKETT II ESQ. P.O. DRAWER 1447 PUNTA GORDA FL 33951-1447

3. Date Incorporated or Qualified: **11/01/1985**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business	2a. Mailing Address
21	26 Post Office Drawer 511447
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Punta Gorda, FL
Zip / Country 24 / 25	Zip / Country 29 33951-1447 / 30 U.S.A.

4. FEI Number: **59-2612208** ☐ 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
HACKETT, JACK O.,II, ESQUIRE 115 W. OLYMPIA AVE. PUNTA GORDA FL 33950	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, DONALD H.		1.2 NAME		
STREET ADDRESS	18419 MEYER AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DODD, ANDREW		2.2 NAME		
STREET ADDRESS	18050 VANDERBUILT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOCUR, CHARLES L., JR.		3.2 NAME		
STREET ADDRESS	27148 VILLARRICA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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.

SIGNATURE: Donald H Ross FILED February 5, 1997 941 624 2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #