

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J53932** (6)  
1. Corporation Name  
**KING ENVIRONMENTAL, INC.**

Principal Place of Business Mailing Address  
**24945 US 19 NO.  
CLEARWATER FL 34623** **24945 US 19 NO.  
CLEARWATER FL 34623**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/28/1987</b>	3a. Date of Last Report <b>04/04/1994</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2760626</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under 5-199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BARANOWSKI, JEROME 24945 US 19 NO. CLEARWATER FL 34623</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title of office: \_\_\_\_\_ (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARMER, EDWIN</b>	2. NAME	
STREET ADDRESS	<b>24945 US 19 N</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	4. CITY - ST - ZIP	
TITLE	<b>TD</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARANOWSKI, JEROME</b>	22. NAME	<b>700001441467</b>
STREET ADDRESS	<b>24945 US 19 N</b>	23. STREET ADDRESS	<b>-03/28/95--01073--001</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	24. CITY - ST - ZIP	<b>****417.50 ****208.75</b>
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	<b>T.S. 3/24/95</b>
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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(9)(a), 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 appointed to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jerome Baranowski* **Jerome Baranowski** (813) 791-1441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



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

DOCUMENT # **J54743 (6)**  
1. Corporation Name:  
**GOETZ ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**15110 SE 65TH TERR.  
P O BOX 340  
SUMMERFIELD FL 32691**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1987** 3a. Date of Last Report **03/24/1994**

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

4. FEI Number **59-2759889** Applied For  
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  
**GOETZ; JULES R.  
15111 SE 65TH TERRACE  
SUMMERFIELD FL 32691**  
*Jules R. Goetz  
P.O. Drawer 340  
15110 SE 65th Ter.  
Summerfield, FL 34492-0340*

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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, 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) \_\_\_\_\_ (Printed Name of Registered Agent and Title of Corporation) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name of Registered Agent and Title of Corporation)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	<b>GOETZ, JULES R.</b>
STREET ADDRESS	<b>PO BOX 340</b>
CITY, ST, ZIP	<b>SUMMERFIELD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>300001439249</b>
23 STREET ADDRESS	<b>-03/24/95--01073--006</b>
24 CITY, ST, ZIP	<b>****200.00 ****200.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.02(4)(b), 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: *Jules R. Goetz* **JULES R. GOETZ** 2-24-95 (904) 245 0414  
 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name of Signing Officer or Director) \_\_\_\_\_ (Date) \_\_\_\_\_ (Phone Number)  
*RW 3-23-95* (904) 245-8931