2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # K13170 (Profit Corporation Annual Report 1. Entity Name Soil Treatment Services, Inc. 03-19-2001 90053 037 ***150.00 Principal Place of Business Mailing Address 3505 Pug Mill Rd Kissimmee, Fla 34741-6462 R0020213 3. Mailing Address 2. Principal Place of Business Same as above same as above DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated 01/25/1988 Applied For City & State 4. FEI Number City & State 59-2868686 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Keene, Larry A. Street Address (P.O. Box Number is Not Acceptable) 2334 Chinook Trail Maitland, Fla. Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) "FILE"NOW!!!"FEE"IS"\$150:00""" 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State يورو لح ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Change ☐ Delete TITLE President Keene, Larry A. NAME NAME STREET ADDRESS STREET ADDRESS 2334 Chinook Trail CITY-ST-ZIP CITY-ST-ZIP Maitland, Fla. 32751 Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE__ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/1001