

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K22445** (6)

1. Corporation Name

HSW ENVIRONMENTAL CONSULTANTS, INC.



Principal Place of Business

**3820 NORTHDAL BOULEVARD
SUITE 210 B
TAMPA FL 33624**

Mailing Address

**3820 NORTHDAL BOULEVARD
SUITE 210 B
TAMPA FL 33624**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WATSON, KENNETH W.
224 GRACE STREET
CRYSTAL BEACH FL 34681**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/27/1988

3a. Date of Last Report

05/23/1995

4. FEE Number

59-2888301

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this report

Title of person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WATSON, KENNETH W.	
STREET ADDRESS	224 GRACE STREET	
CITY-ST-ZIP	CRYSTAL BEACH FL	
TITLE	V	☐ DELETE
NAME	SEGUITI, FRED A.	
STREET ADDRESS	5703 LAKESIDE DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	☐ DELETE
NAME	HENRY, CAROL D.	
STREET ADDRESS	15910 NORTHLAKE VLLGE DR	
CITY-ST-ZIP	ODESSA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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(s)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol D. Henry

1-29-96 (83) 968-7722

CR2E034 (12/95)