SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K27448** **(5)**

1. Corporation Name
ENVIRONMENTAL SOLVENTS CORPORATION

Principal Place of Business	Mailing Address
1840 SOUTHSIDE BLVD JACKSONVILLE FL 32216	1840 SOUTHSIDE BLVD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1988
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21 1830 CLARKSON ST.
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL
24 Zip: 32202 25 Country

2a. Mailing Address
26 1830 CLARKSON ST.
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE FL
29 Zip: 32202 30 Country

4. FEI Number: 65-0056108 ☐ 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

BRANT MOORE SAPP MACDONALD & WELLS P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 (again) of printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KLOPFENSTEIN, ROBERT L.	12 NAME	
STREET ADDRESS	12921 JUPITER HILLS CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32225	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	MCCANE, STEPHEN T.	22 NAME	
STREET ADDRESS	11551 LAKE RIDE DR.	23 STREET ADDRESS	
CITY ST ZIP	MANCLARIN FL 32223	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, R. SCOTT	32 NAME	
STREET ADDRESS	1620 KINGSWOOD	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32207	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: _____ Robert L. Klopfenstein 7/25/95 904 354-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

0120120 FP