

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 2:19

DOCUMENT # **K28270** (2)  
1. Corporation Name  
**BTEX ENVIRONMENTAL CONSULTANTS, INC.**

Principal Place of Business	Mailing Address
<b>2602 NE 8TH PLACE STE F- P.O. BOX 523 OCALA FL 34470 US</b>	<b>2602 NE 8TH PLACE STE F- P.O. BOX 523 OCALA FL 34478-0523 US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21 4701 N.E. 36th Avenue</b>	<b>26 P.O. Box 523</b>	<b>07/07/1988</b>	<b>04/12/1994</b>
22. State, Apt. #, etc.	27. State, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
<b>23 Ocala, FL</b>	<b>28 Ocala, FL</b>	<b>59-2897228</b>	
24. Zip	25. Country	29. Zip	30. Country
<b>34479</b>	<b>US</b>	<b>34478-0523</b>	<b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>SUMNER, SCOTT 8201 SE 147 ST SUMMERFIELD 32691</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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

Register (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMNER, SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>8201 SE 147 ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERFIELD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMNER, KATHY</b>	2.2 NAME	
STREET ADDRESS	<b>8201 SE 147 ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERFIELD FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMNER, KATHY</b>	3.2 NAME	
STREET ADDRESS	<b>8201 SE 147 ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERFIELD FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 added in accordance with an address.

SIGNATURE:

*Scott Sumner*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**Scott Sumner, Pres.**

**3/22/95**

**(904) 867-5211**