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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BTEX ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business Mailing Address P. O. BOX 523 N/A 4701 N.E. 36TH AVENUE OCALA FL 34478-0523 **OCALA FL 34479** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/07/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. Box 608 59-2897228 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ocala, FL Trust Fund Contribution Added to Fees 23 Country Zio Country 8. This corporation owes or has paid the current year Intangible 25 29 34478-0608 9. Name and Address of Current Registered Agent US Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent Name SUMNER, SCOTT 8201 SE 147 ST Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD 32691 84 City 344991 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE SUMNER, SCOTT 1.2 NAME NAME 8201 SE 147 ST 1.3 STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE SUMNER, KATHY 2.2 NAME NAME STREET ADDRESS 8201 SE 147 ST 2.3 STREET ADDRESS SUMMERFIELD FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SUMNER, KATHY 3.2 NAME NAME 8201 SE 147 ST STREET ADDRESS 3.3 STREET ADDRESS SUMMERFIELD FL 3.4. CITY-ST-ZIP CITY+ST-ZIP DELETE ☐ Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE **B.1 TITLE** TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZIP

SIGNATURE: Scott Sumper, Pres. 3/9/98 352-867-5211

14. I hereby certify that the information supplied with this tithe 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or fin an attachment with an address.

FILED

Mar 13 1998 8:00am

Secretary of State