

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K28270**

1. Corporation Name

**BTEX ENVIRONMENTAL CONSULTANTS, INC.**

Principal Place of Business

**4701 N.E. 36TH AVENUE  
OCALA FL 34479  
US**

Mailing Address

**P.O. BOX 608  
OCALA FL 34478-0523  
US**

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90064 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/07/1988**

4. FEI Number

**59-2897228**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

**34478-0608**

30

9. Name and Address of Current Registered Agent

**SUMNER, SCOTT  
8201 SE 147 ST  
SUMMERFIELD 34491**

10. Name and Address of New Registered Agent

81 Name **SUMNER, SCOTT**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3500 SE 107TH PLACE**

83

84 City **OCALA**

**FL**

85 Zip Code  
**34480**

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

**4/14/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SUMNER, SCOTT</b>	
STREET ADDRESS	<b>8201 SE 147 ST</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>SUMNER, KATHY</b>	
STREET ADDRESS	<b>8201 SE 147 ST</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SUMNER, KATHY</b>	
STREET ADDRESS	<b>8201 SE 147 ST</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SUMNER, SCOTT</b>	
1.3 STREET ADDRESS	<b>3500 SE 107TH PLACE</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL 34480</b>	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SUMNER, KATHY</b>	
2.3 STREET ADDRESS	<b>3500 SE 107TH PLACE</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FL 34480</b>	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SUMNER, KATHY</b>	
3.3 STREET ADDRESS	<b>3500 SE 107TH PLACE</b>	
3.4 CITY-ST-ZIP	<b>OCALA, FL 34480</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**Scott Sumner, Pres. 4/14/99 352-867-5211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)