

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K70182** (6)

1. Corporation Name
INTEGRATED ENVIRONMENTAL SOLUTIONS, INC.



Principal Place of Business: **3787 OLD MIDDLEBURG RD JACKSONVILLE FL 32210**
Mailing Address: **3787 OLD MIDDLEBURG RD JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified: **03/03/1989**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2939889**
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State. 23 Zip. 24 Country. 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State. 28 Zip. 29 Country. 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASS, ROBERT W.
3787 OLD MIDDLEBURG RD.
SUITE 3
JACKSONVILLE FL 32210**

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 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	BASS, ROBERT W.	1.2 NAME	
11.3 STREET ADDRESS	3787 OLD MIDDLEBURG RD	1.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
11.5 TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	BASS, CARON S.	2.2 NAME	
11.7 STREET ADDRESS	3787 OLD MIDDLEBURG RD	2.3 STREET ADDRESS	
11.8 CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
11.9 TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME	SCHRIEFER, FRED E.	3.2 NAME	
11.11 STREET ADDRESS	3787 OLD MIDDLEBURG RD	3.3 STREET ADDRESS	
11.12 CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	
11.13 TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME	MCAHON, STEPHEN G	4.2 NAME	
11.15 STREET ADDRESS	3787 OLD MIDDLEBURG RD	4.3 STREET ADDRESS	
11.16 CITY, ST, ZIP	JACKSONVILLE FL	4.4 CITY, ST, ZIP	
11.17 TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME	SCOTT, LEE C	5.2 NAME	
11.19 STREET ADDRESS	3787 OLD MIKKELBURG RD	5.3 STREET ADDRESS	3787 OLD MIDDLEBURG RD
11.20 CITY, ST, ZIP	JACKSONVILLE FL	5.4 CITY, ST, ZIP	
11.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		6.2 NAME	
11.23 STREET ADDRESS		6.3 STREET ADDRESS	
11.24 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 119.07(3)(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
Robert W. Bass, President

Date: **1/23/96**
Office Phone #: **904/778-1188**

CR2E034 (12/95)