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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

INTEGRATED ENVIRONMENTAL SOLUTIONS, INC.

FILED Apr 17 1998 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | | 1 the sail and the sail state and the sail sail and the sail sail and the sail sail and the sail | | . Aibit aibit A1811 (Ab1 |
|---|--|---------------------------------|------------------------------------|--|-----------------|--------------------------|
| 3787 OLD MIDDLEBURG RD 3787 OLD MIDDLEBURG RD | | | | | | |
| JACKSONVILLE FL 32210 | | JACKSONVILLE FL 32210 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 03/03/1989 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 | | 26 | | 59-2939889 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | _ | | X S | 8.75 Additional |
| 22 Su | ite 3 | 27 Suite | 3 | 5. Certificate of Status Desired | , | Fee Required |
| City & Stat | c | City & State | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has p | aid the current | t year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due Juni | | |
| | g. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New R | egistered Age | nt |
| BA | ss, robert W. | | B1 Name | | | |
| 376 | 37 OLD MIDDLEBURG RD. | | 82 Street Ad | dress (P.O. Box Number is Not Accepta | ble | |
| SU | ITE 3 | | Elec ! | zameroan ameri | , | |
| JA | CKSONVILLE FL 32210 | 83 June 1 | aut. | | | |
| | | | 94 00 | | | I Zin Codo |
| | | | 84 City | 303 Marson | FL | Zip Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida State | utes, the above-named co | rporation submits this statement for the | purpose of chi | anging its registered |
| office or r | egistered agent, or both, in the State | of Florida, Such change was | s authorized by the corpor | rporation submits this statement for the ation's board of directors. I hereby acce | pt the appoint | ment as registered |
| | in reminal with, and accept the oblig | parions of, Section 607,0305, I | iona siatutes. | | | |
| SIGNATURE | Signature, typed or printed name of registered agr | nnt and title if applicable (No | OTE Registered Agent signature req | quired when reinstating) | DATE | |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DI | RECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | | Change Addition |
| NAME | Bass, Robert W. | | 1.2 NAME | | | |
| STREET ADDRESS | 3787 OLD MIDDLEBURG RD | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | STD | DELETE | 2.1 TiTLE | | | Change Addition |
| NAME | BASS, CARON S. | | 2.2 NAME | | | • |
| STREET ADDRESS | 3787 OLD MIDDLEBURG RD | | 2.3 STREET ADDRESS | | | |
| | JACKSONVILLE FL | | 2 4 CITY - ST - ZIP | | | |
| CITY-ST-ZIP TITLE | VP | DELETE | 3 1 TITLE | | | Change Addition |
| NAME : | SCHRIEFER, FRED E. | _ vicit | 3.2 NAME | | ليا | |
| | 3787 OLD MIDDLEBURG RD | | | | | |
| STREET ADDRESS | JACKSONVILLE FL | | 3.3 STREET ADDRESS | | | |
| C(TY-ST-Z)P | VP | DELETE | 3.4. CITY-ST-ZIP | | | Change Addition |
| TITLE | · • | ☐ DECEIR | 4.5 TITLE | | H | Orango L. Munitott |
| Name | MCMAHON, STEPHEN G | | 4. 2 NAME | | | |
| STREET ADDRESS | 3787 OLD MIDDLEBURG RD | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | Therese | 44 CITY+ST-ZIP | | | Change Liddition |
| TITLE | VP | DELETE | 5.1 TITLE | | ليا | Change |
| NAME | SCOTT, LEE C | •• | 5.2 NAME | | | |
| STREET ADDRESS | 3787 OLD MIDDLEBURG ROA | ND . | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONMLLE FL | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 61 TITLE | | | Change |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

April 10,1998