FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:55

DOCUMENT # L38771 (6)

1. Corporation Name
MEDICO ENVIRONMENTAL SERVICES, CORP.

Principal Place of Business	Mailing Address
499 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640	499 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1989
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21 13200 58th St. N.
Suite, Apt. #, etc. 22
City & State 23: Clearwater, Fl. 34620
Zip 24: 34620 Country 25: Pinellas

2a. Mailing Address
26 13200 58th St. No.
Suite, Apt. #, etc. 27
City & State 28: Clearwater, Fl 34620
Zip 29: 34620 Country 30: Pinellas

4. FEI Number: 59-3004111 ☐ 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

9. Name and Address of Current Registered Agent

GERALD B. HUBBELL
499 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	Director, V P ☐ Change ☒ Addition
NAME	HUBBELL, GERALD B.	1.2 NAME	Robin A. Vaillancourt
STREET ADDRESS	499 N INDIAN ROCKS RD	1.3 STREET ADDRESS	2342 Kings Pt Dr.
CITY-ST-ZIP	BELLEAIR BLUFFS FL	1.4 CITY-ST-ZIP	Largo, Florida 34640
TITLE	VS	2.1 TITLE	Director, VP ☐ Change ☒ Addition
NAME	SHEEHAN, ROBERT D.	2.2 NAME	W. Roy Courtney
STREET ADDRESS	250 CHRISTOPHER CT	2.3 STREET ADDRESS	605 Bayview Dr.
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	Belleair,Fl. 34616
TITLE	D -Treas.	3.1 TITLE	☐ Change ☐ Addition
NAME	HUBBELL, STELLA M	3.2 NAME	
STREET ADDRESS	499 N INDIAN ROCKS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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.

SIGNATURE: Gerald B. Hubbell 3-14-95 813-584-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0361408 CP