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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L75677

(9)

SOUTHWEST ENVIRONMENTAL SERVICES, INC.

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**FILED** 

Jan 29 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address				1 19014011 011 40001 BINES ONLY 10011 1001	ALBII SIAH BI	ALC BIRGI DIR		
% TERRI BETH NEWMAN % T P.O. BOX 306 P.O		% TERRI BETH NEWMAN P.O. BOX 306 MATLACHA FL 33909						
					3. Date Incorporated or Qualified 05/23/1990		te of Last <b>0/1996</b>	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0197387		]	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×		Additional Required
City & Stat	te	City & State			6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for			r s. 199.032,
24 339		29 33933	30			Yes [		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered /	gent	~ <del>~~</del> .
NEW	vman, terri beth		81	Name				
5120 GENESEE PARKWAY BOKEEIA FL 33922			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
H			83					
			84	City			06 2	o Code
			84	City		FL	<b>85</b> Zi	p Code
SIGNATURE	Signature typed or printed name of registered OFFICERS	Lagent and ble if applicable ( AND DIRECTORS	NOIL Registered Age	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE				Chang	
NAME	NEWMAN, TERRI BETH	_	1.2 NAME				- ,	
STREET ADDRESS	5120 GENESEE PARKWAY		1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOKEELIA FL		1.4 CITY - S					
TITLE		DELETE	211111				Change	e Additio
NAME	)		2.2 NAME	)			_	
STREET ADDRESS	İ		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY					
TITLE		DILETE	3.1 TITLE				Changi	e 🔲 Additio
NAME			3.2 NAM[					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP				
TITLE		☐ DELETE	41 TITLE				Change	e Addition
NAME			4 2 NAME					
STREET ADORESS			4.3 STRF{ {	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	1 - ZIP		<u> </u>		
TITLE		☐ DELFTE	5.1 TILLE				Change	e Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	e 🔲 Additio
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CHY- S					
TAI I do boro	by partify that the information curv	uliad wills this filipa doos not a	uality for the eve	motion atate	ed in Section 110 07/31/it Elector Statute	an Liferthan	condite #	at the

t co nereby 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 eath; 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.

Will B. Mushon Terri Newman/Pres.