

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L83307**

(3)

1. Corporation Name
WESTSTAR ENVIRONMENTAL, INC.

Principal Place of Business
P.O. BOX 6003
STARKE FL 32091
US

Mailing Address
P.O. BOX 6003
STARKE FL 32091
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1990

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 **9550 Regency Square Blvd.**
27 Suite, Apt. #, etc.
28 **1109**
29 City & State
30 **JACKSONVILLE, FL**
31 Zip
32 **32225**
33 Country
34 **FL**

4. FEI Number
59-3066915

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

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICKS, MICHAEL
6249 LAKE DRIVE
STARKE FL 32091

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

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CEO	STUBBS, JOHN A	COTTAGE 405 SEA ISLAND GA 31561		<input checked="" type="checkbox"/>
PD	RICKS, MIKE	6249 LAKE DRIVE STARKE FL 32091		<input type="checkbox"/>
S	GRAY, WILLIAM	12960 BEAR PAW PLACE JACKSONVILLE FL 32246		<input checked="" type="checkbox"/>
D	PERRY, WILLIAM	112563 MISSION HIRES CIRCLE NORTH JACKSONVILLE FL 32225		<input checked="" type="checkbox"/>
D	STUBBS, D. ELTON	8209 LEEWARD COVE AMELIA ISLAND FL 32034		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
CEOs + DIRECTOR	Mike Ricks	9550 Regency Square Blvd, Suite 1109 JACKSONVILLE, FL 32225		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exec. V Pres. + DIRECTOR	William Gray	same as above		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	JAMES D. Ricks	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	Keith Carter	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	THOMAS F. FAY	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHN S. POSON	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

SIGNATURE:

8/5/98

904-964-5008

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CR2E034 (5/98)