

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90171 048 \*\*\*150.00

DOCUMENT # L83307

1. Corporation Name

WESTSTAR ENVIRONMENTAL, INC.

Principal Place of Business

P.O. BOX 6003  
STARKE FL 32091  
US

Mailing Address

9550 REGENCY SQUARE BLVD  
STE 1109  
JACKSONVILLE FL 32225  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1990

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

RICKS, MICHAEL  
6249 LAKE DRIVE  
STARKE FL 32091

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

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 ☐ DELETE

NAME RICKS, JAMES D.  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME CEO  
RICKS, MIKE  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME EVPD  
GRAY, WILLIAM  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME D  
CARTER, KEITH  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME D  
FEY, THOMAS F.  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME D  
POSOR, JOHN S.  
STREET ADDRESS 9550 REGENCY SQUARE BLVD STE 1109  
CITY-STATE-ZIP JACKSONVILLE FL 32225

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 indicates I am 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, with all other like empowered.

SIGNATURE:

*William B. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

904 721-7557

Daytime Phone #

CR2E034 (11/98)

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