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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Carole B. Myzrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L83708 (2)**

1. Corporation Name
H & S ENVIRONMENTAL SERVICE AND CONSULTANTS, INC

Principal Place of Business Mailing Address

5755 S. TAMPA AVE. P.O. BOX 593207
UNIT B-29 ORLANDO FL 32839-3207
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **6835 NORTONVILLE RD.** 25 **Stump**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **UNIT # 18** 27
City & State City & State
23 **ORLANDO, FL** 28

3. Date Incorporated or Qualified **06/26/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3025579** 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

24 **32822** 25 **ORLANDO** 29
Zip Country Zip Country

LUBET, MARC L.
4848 RED BAY DR.
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5328 MILL STREAM DR.
83
84 City **SAINT CLOUD** FL 85 Zip Code **34771**

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 _____ (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWING, KENT T	1.2 NAME	
STREET ADDRESS	P.O. BOX 593207 N/A	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODELL, KIM L	2.2 NAME	
STREET ADDRESS	P. O. BOX 593207 N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(a), 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: Kent T. Schwing 4-20-95 (407) 582-5588
SIGNING OFFICER OR DIRECTOR Date Captain/President