

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L83708 (2)
1. Corporation Name
H & S ENVIRONMENTAL SERVICE AND CONSULTANTS, INC.

Principal Place of Business: **6835 Narcoossee Rd. Unit #18 Orlando, FL 32822**
Mailing Address: **P. O. Box 593207 Orlando, FL 32859-3207**

3. Date Incorporated or Qualified: **06/26/90** 3a. Date of Last Report: **05/01/95**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **6835 Narcoossee Rd. Unit #18 Orlando, FL 32822**
2a. Mailing Address: 26 **P. O. Box 593207 Orlando, FL 32859-3207**
22 **Unit #18**
23 **Orlando, FL**
24 **32822** 25 **Orange**
28 **Orlando, FL**
29 **32859-3207** 30 **Orange**

9. Name and Address of Current Registered Agent
**Lubet, Marc L.
4848 Red Bay Dr.
Orlando, FL 32829**

10. Name and Address of New Registered Agent
81 Name: **Kent T. Schwing**
82 Street Address (P.O. Box Numbers Not Acceptable): **5328 Millstream Drive**
83
84 City: **St. 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: *Kent T. Schwing* **Kent T. Schwing, Vice President 6-22-96** DATE: **6-22-96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VPST	<input type="checkbox"/>
NAME	Schwing, Kent T.	
STREET ADDRESS	P. O. Box 593207 N/A	
CITY - ST - ZIP	Orlando, FL 32859-3207	
TITLE	P	<input type="checkbox"/>
NAME	O'Dell, Kim L.	
STREET ADDRESS	P. O. Box 593207 N/A	
CITY - ST - ZIP	Orlando, FL 32859-3207	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, 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* **Kent T. Schwing** DATE: **6-22-96** (407) 382-5588

CR2E034 (3/96)