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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M40125**

1. Corporation Name

**EVANS ENVIRONMENTAL & GEOLOGICAL SCIENCE & MANA
GEMENT INC.**

Principal Place of Business

Mailing Address

99 SE FIFTH STREET
FOURTH FLOOR
MIAMI FL 33131
US

99 SE FIFTH STREET
FOURTH FLOOR
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1986

4. FEI Number

59-2725893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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 CFO
NAME BAKER, MICHAEL G
STREET ADDRESS 99 SE FIFTH STREET
CITY-ST-ZIP MIAMI FL 33131 ☒ DELETE

TITLE VP
NAME GIPE, TIMOTHY
STREET ADDRESS 99 SE FIFTH STREET
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE S
NAME BAKER, MICHAEL G
STREET ADDRESS 1000 SOUTHERN BLVD, #200
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☒ DELETE

TITLE VP
NAME GARMAN, K. MICHAEL
STREET ADDRESS 8509-D BENJAMIN ROAD
CITY-ST-ZIP TAMPA FL 33634 ☒ DELETE

TITLE VP
NAME WRAGG, WAYNE
STREET ADDRESS 99 SE FIFTH STREET
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE V.P.
6.2 NAME Charles C. Evans
6.3 STREET ADDRESS 99 SE 5th Street, 4th Floor
6.4 CITY-ST-ZIP Miami, FL 33131 ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

305-374-9004
Daytime Phone #

CR2E034 (11/98)