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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M43339** **(4)**

1. Corporation Name:
O'BRIEN ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
6699 MT VERNON DR MELROSE FL 32666 US	6699 MT VERNON DR MELROSE FL 32666-6846 US

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business
21 925 Beverly Harbors Drive
22 Suite, Apt. #, etc.
23 City & State: Leesburg, FL
24 Zip: 34748 25 Country: USA

2a. Mailing Address
26 925 Beverly Harbors Drive
27 Suite, Apt. #, etc.
28 City & State: Leesburg, FL
29 Zip: 34748 30 Country: USA

4. FEI Number: 59-2755178 ☐ 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

9. Name and Address of Current Registered Agent
O'BRIEN, MICHAEL, W
6699 MT VERNON DR
MELROSE FL 32666

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 925 Beverly Harbors Drive
83
84 City: Leesburg, **FL** 85 Zip Code: 34748

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, FLORA S.	1.2 NAME	
STREET ADDRESS	6699 MT. VERNON DRIVE	1.3 STREET ADDRESS	925 Beverly Harbors Drive
CITY-ST-ZIP	MELROSE FL 32666	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, MICHAEL	2.2 NAME	
STREET ADDRESS	6699 MT. VERNON DRIVE	2.3 STREET ADDRESS	925 Beverly Harbors Drive
CITY-ST-ZIP	MELROSE FL 32666	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Flora S. O'Brien Flora S. O'Brien March 18, 1997 352-365-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #