May 10, 1999 8:00 am Secretary of State

05-10-1999 90138 048 \*\*\*150.00

## 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

## **DOCUMENT # M67631**

1. Corporation Name

CROSS ENVIRONMENTAL SERVICES, INC.

|  |   |   |   |  |                       |             |   |              |                |                       | <b>.</b><br>  |
|--|---|---|---|--|-----------------------|-------------|---|--------------|----------------|-----------------------|---|
| Principal Place  | e of Business   | Mailing Address   |   |  |                       |             |   |              |                | •••••                 |   |
| PO BOX 229   |   | PO BOX 229  |   |  |                       |             |   |              |                |                       |   |
| CRYSTAL SPRII  | NGS FL 33524  | CRYSTAL SPRINGS FL 33   | 524   |  |                       |             | DO NOT WE                                       | DITE IN THIS | SPACE          |                       |   |
| US   |   | US  |   |  |                       | -           | Date Incorporated or Qualifer                   |              | STACE          |                       |   |
|  |   |   |   |  |                       |             | 02/10/1988                                      |              |                |                       |   |
| 2. Principal P   | lace of Business  | 2a. Mailing Address   | _   |  |                       | 4.          | FEI Number                                      |              | <u> </u>       | +                     | olied For   |
| 21   |   | 26  |   |  |                       |             | 59-2866646                                      |              |                |                       | Applicable  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |   |  |                       | 5           | Certificate of Status Desired                   |              | •              |                       | dditional   |
| 22   |   | 27  |   |  |                       | -           |   |              |                |                       | quired  |
| City & State   | e   | City & State  |   |  |                       | 1           | Election Campaign Financing                     | · 🗆          |                |                       | May Be  |
| 23   |   | 28  |   |  |                       | <del></del> | Trust Fund Contribution                         |              |                | ded to                | Fees  |
| Zip  | Country   | Zip   | Countr  | ry   |                       | 8.          | This corporation owes the cu                    | ment year In | engible<br>Yes | ,                     | □No   |
| 24   | 25  | 29  | 30  |  |                       |             | Personal Property Tax.  Name and Address of New | Pogietarod   | <u> </u>       |                       |   |
|  | 9. Name and Address of Currer   | nt Registered Agent   | 8   | 1 N  | ame                   | 10.         | Name and Address of New                         | Registered   | Agent          |                       |   |
| MC   | KNIGHT, TERRY D   |   | ا ا   | "  | ame                   |             |   |              |                |                       |   |
|  | 16 FIG AVE  |   | 8   | 2 S  | treet Addre           | ess (P      | .O. Box Number is Not Accep                     | table)       |                |                       |   |
|  | STAL SPRINGS FL 33524   |   | 8   | -  |                       |             |   |              |                |                       |   |
| 0111   | 011 E 01 1 III 1 G 0 1 E 0 0 0 E 1  |   | •   | 3  |                       |             |   |              |                |                       |   |
|  |   |   | 8   | 4 0  | ity                   |             |   | FL           | 85             | Zip C                 | ode   |
| 44 10  | to the provisions of Sections 607.050   | 02 and 607 1609 Elorida Statu   | tas the abo   |  | med come              | ration      | submits this statement for th                   |              | - L            | na its r              | registered  |
| office or r  | egistered agent, or both, in the State  | of Florida. Such change was :   | authorized b  | y the  | corporatio            | n's bo      | oard of directors. I hereby acc                 | ept the appo | intment a      | as reg                | jistered  |
| agont Lo   | m familiar with and accept the obliga   |   |   |  |                       |             |   |              |                |                       |   |
| ayent. ra  | im familiar with, and accept the obliga   | ations of, Section 607.0505, Fl   | onda Statute  | es.  |                       |             |   |              |                |                       |   |
| SIGNATURE  | •   |   |   | es.<br>  | not use sed wood      | Luban r     |   |              |                |                       |   |
| SIGNATURE  | Signature, typed or printed name of registered age  | ent and title if applicable. (NOT   | E: Registered Ag  | es.<br>  | nature required       |             | einstating)                                     | DATE         |                |                       |   |
| SIGNATURE  | Signature, typed or printed name of registered age  | ent and title if applicable. (NOT<br>ND DIRECTORS                                       | E: Registered Ag  | ent sig  | nature required       |             |   | DATE         |                | СТОГ                  |   |
| SIGNATURE  12.  TITLE  | Signature, typed or printed name of registered age OFFICERS AP  | ent and title if applicable. (NOT   | E: Registered Ag  | ent sig  | nature required       |             | einstating)                                     | DATE         | ND DIRE        | СТОГ                  | RS IN 12  |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS AND PD BISTON, CLYDE A.   | ent and title if applicable. (NOT<br>ND DIRECTORS                                       | 13. 1.1 TITLE   | ent sig  |                       |             | einstating)                                     | DATE         | ND DIRE        | СТОГ                  | RS IN 12  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | OFFICERS AND BISTON, CLYDE A. 39200 BAY AVE   | ent and title if applicable. (NOT<br>ND DIRECTORS                                       | E: Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE  | ent sig  | DRESS                 |             | einstating)                                     | DATE         | ND DIRE        | СТОГ                  | RS IN 12  |
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CITY-ST-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 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.

6.4 CITY-ST-ZIP

SIGNATURE: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

CR2E034 (11/98)