

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

FILED

96 SEP 20 PM 3:54

DOCUMENT # *MTL53L*

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALL ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 *28 INDUSTRIAL LOOP*

Suite, Apt. #, etc.

22 *#176*

City & State

23 *ORANGE PARK FL*

Zip

24 *32073*

Country

25 *FLA*

2a. Mailing Address

26 *P.O. Box 23532*

Suite, Apt. #, etc.

27

City & State

28 *JACKSONVILLE FL*

Zip

29 *32241*

Country

30 *FLA*

3. Date Incorporated or Qualified

4/88

3a. Date of Last Report

4/20/95

4. FEI Number

59-2884770

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

Grace A. Butler **GRACE A. BUTLER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE *P/S/T* ☐ DELETE

NAME *GRACE A. BUTLER*
STREET ADDRESS *28 INDUSTRIAL LOOP #176*
CITY-ST-ZIP *ORANGE PARK, FL. 32073*

TITLE *VP* ☐ DELETE

NAME *JASON T. BUTLER*
STREET ADDRESS *28 INDUSTRIAL LOOP #176*
CITY-ST-ZIP *ORANGE PARK, FL. 32073*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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******233.75 ****233.75**

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:

Grace A. Butler **GRACE A. BUTLER, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/96

DATE

(904) 269-431

Daytime Phone #