FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05815 (6)

1. Corporation Name

ST ENVIRONMENTAL SERVICES, INC. (I)

Principal Place of Business	Mailing Address
805 S CHURCH ST. 15 JEFFERSON SQ. P O BOX 399 MURFREESBORO TN 37133-7399	805 S CHURCH ST. 15 JEFFERSON SQ. P O BOX 399 MURFREESBORO TN 37133-7399

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1985	3a. Date of Last Report: 03/16/1994
4. FEI Number: 62-1168252	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLOWER, STAN
1741 VAN BUREN ST
SUITE 840
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 361 NW 97th Avenue

83

84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	X	1.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	[illegible]	1.2 NAME	Vicki J. Massey	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	805 S. Church St. #15	
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE	S	2.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	BELEW, D.C.	2.2 NAME		
STREET ADDRESS	805 S. CHURCH ST.,#15	2.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	NABORS, W. T.	3.2 NAME		
STREET ADDRESS	805 S CHURCH ST #15	3.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	President	☒ Change ☐ Addition
NAME	QUINN, RENNIE	4.2 NAME		
STREET ADDRESS	805 S CHURCH ST #15	4.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Secretary & Treasurer	☒ Change ☐ Addition
NAME	KELLY, KENNETH J	5.2 NAME		
STREET ADDRESS	805 S CHURCH ST #15	5.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Vice President	☐ Change ☒ Addition
NAME		6.2 NAME	Stanley D. Flower	
STREET ADDRESS		6.3 STREET ADDRESS	805 S. Church St. # 15	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Murfreesboro, TN	

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)(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: Vicki J Massey VICKI J MASSEY 3/23/95 615-895-2330
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487618 FN