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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P05815

(6)

FILED Jun 04 1998 8:00am Secretary of State

| ST EN | VI RONM ENTAL SERVICES | 6, INC. (I) | | | | | |
|--|---|--|------------------------------------|----------------------------|---|---------------------------------------|------------------------------|
| Principal Plac | ce of Business | Mailing Address | | | - | | |
| | | _ | | | · | | |
| 16337 PARK ROW 5180 TICE P O BOX 50340 | | | | | | | |
| US | | FT MYERS FL 33912 | | DO NOT WRITE IN THIS SPACE | | | |
| | | US | | | 3. Date Incorporated or Qualified | | |
| | | | | | 04/26/1985 | | |
| — <u>—</u> | Place of Business | 2a, Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 62-1168252 | · · · · · · · · · · · · · · · · · · · | Not Applicable |
| | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | | City & State | | | - Clastica Commission Financia | | |
| 23 | | 28 | | | 6. Election Campaign Financing Trust Fund Contribution | Property . | 0 May Be d to Fees |
| Zip | Country | Zip | Country | | This corporation owes or has paid | | |
| 24 | 25 | 1 | 10 | | Personal Property Tax due June 3 | | □ No |
| | g. Name and Address of Cur | | | | 10. Name and Address of New Regi | | |
| HL | ITCHISON, SCOTT | | 81 Nam | 10 | 12/120 /10/1 | ナー | |
| | | | | ot Addres | ss (P.O. Box Number is Not Acceptable | 7/71 | |
| P O 80X 50340 | | | 31700 | or Addition | as (1.0. box Humber is Not Acceptable | <i>21</i> | |
| | MYERS FL 33912 | | 63 | | ··· · | | |
| | | | 84 City | | | | p Code |
| } | | | B4 City | | | FL 85 Zi | p Code |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida <mark>Statutes</mark> | , the above name | od corpo | ration submits this statement for the pu | rpose of changing | its registered |
| agent. J'a | registered agent, or both till the St am f amili ar with, and accept the of | nte of Fightal Such change was au higations of Section/607,05 05 ; Flori | tnorized by the ci da Statutes. | orporano | eration submits this statement for the purion's board of directors. I hereby accept | the appointment a | as registered |
| SIGNATURE | I ACUN NU I | 7.X&&- C CA = | - | | \mathcal{C} | 10189 | 6 |
| O(D) (I) (I) | figurature a pect or printed name of registeral | | Registered Agent signat | lure required | J whon reinstating) | DATE | |
| 12. | , | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | VP/ | ∠ DELFTE | 1 1 TITLE | | P. Secretary | [_] Change | Addition |
| NAME | BREEDLOVE, BRUCE | | 1.2 NAME | | atel, Meg | | |
| STREET ADDRESS | 16337 PARK ROW | | 1.3 STREET ADDRES | l l | 337 Park Row | | |
| CITY-ST-ZIP | HOUSTON TX | DELETE | 14 CITY - ST - ZIP | НС | ouston, TX | Change | e Addition |
| TITLE | Ab | L_ DULLE | 21 TITLE | | | ∟ Change | ADDITION |
| NAME | BURROWS, IVAN | | 2 2 NAME | _ | | | |
| STREET ADDRESS | 16337 PARK ROW | | 2.3 STREET ADDRES | S | | | |
| CITY-ST-ZIP | HOUSTON TX | ☐ DF(FIE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | | Change | e Addition |
| TITLE | 1 1 | [_] D(())L | | | | المانان ري | , LI MUNICON |
| NAME CTOTET ADDOCCO | QUINN, RENNIE 16337 PARK ROW | | 3.2 NAME | | | | |
| STREET ADDRESS | HOUSTON TX | | 3 3 STREET ADDRES | 8 | | | |
| CITY-ST-ZIP TITLE | ST | ☐ DELFTE | 3.4. CITY - ST - ZIP 4.1 TITLE | ጥተ | reasurer, Asst. Se | C. Change | Addition |
| | KELLY, KENNETH J | E otti | 4. 2 NAME | ** | .cusurci, Abbe. De | والمالي و ١٠٠ | |
| NAME Street Address | 16337 PARK ROW | | 4.2 NAME 4.3 STREET ADDRESS | | | | |
| | HOUSTON TX | | | ° | | | |
| CITY-ST-ZIP TITLE | HOUSTON IA | DOLLETE | 4.4 C(1Y - ST - Z(P 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.1 HILLE 5.2 NAME | | | villinge | ריים ווטונוטוו |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| | | | | ٧ | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | | Change | Addition |
| NAME | | C Percit | 6.2 NAME | | | Ondrigo | - Ind Notifiell |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | ~ | | | |
| 01117317217 | 1 | | ■ 0.9 OH F - 31-21f | | | | |

14. 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.

5-19-98