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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P05815

1. Corporation Name

SEVERN TRENT ENVIRONMENTAL SERVICES, INC.

| Principal Place of Business Mailing Address |  |                        |  |                            |             |                                 | 1                                       |   |                         | H B) B) B) B) B) H H B H |
|---|--|------------------------|--|----------------------------|-------------|---------------------------------|---|---|-------------------------|--------------------------|
|   |  |                        | ) TICE   |                            |             |                                 | 1                                       |   |                         |                          |
| HOUSTON TX 37133-7399                       |  |                        | P O BOX 50340                                      |                            |             |                                 |   |   |                         |                          |
| US  |  |                        | FT MYERS FL 33912                                  |                            |             |                                 | DO NOT WRITE IN THIS SPACE              |   |                         |                          |
|   |  | US                     |  |                            |             |                                 |   | Date Incorporated or Qualifed  14/26/1985                                       |                         |                          |
| 2. Principal Pi                             | lace of Business   | 2a.                    | Mailing Address                                    |                            |             |                                 |   | El Number   |                         | Applied For              |
| 21  | 1200 0, 200000   | 26                     | <b>g</b>   |                            |             |                                 | 6                                       | 52-1168252  | <b>├</b>                | Not Applicable           |
| Suite, Apt. #, etc.                         |  |                        | Suite, Apt. #, etc.                                |                            |             |                                 | 1                                       |   | \$8.75                  | Additional               |
| 22  |  | 27                     | ,]   |                            |             |                                 | <b>5.</b> C                             | Certificate of Status Desired   | Fee                     | Required                 |
| City & State                                |  |                        | City & State                                       |                            |             |                                 | 6. E                                    | Election Campaign Financing   | \$5.0                   | <b>0</b> May Be          |
| 23  |  | 28                     |  |                            |             |                                 | T                                       | rust Fund Contribution  | Adde                    | d to Fees                |
| Zip   | Country  |                        | Zip  | Country                    | y           |                                 | ţ                                       | This corporation owes the current year t  |                         | _                        |
| 24  | 25   | 29                     | ;  | 30                         |             |                                 | <b></b>                                 | Personal Property Tax.  | ¥Yes                    | □No                      |
|   | 9. Name and Address of Curre   | nt Regis               | tered Agent  |                            | . 1         |                                 | 10. N                                   | Name and Address of New Registere   | d Agent                 |                          |
| Umic  | TTL IO ANNE  |                        |  | 81                         | 1           | Name                            |   |   |                         |                          |
| VELOTTI, JO-ANNE                            |  |                        |  | 82                         | †           | Street Addres                   | ess (P.O. Box Number is Not Acceptable) |   |                         |                          |
| 5180 TICE<br>P O BOX 50340                  |  |                        | 83   |                            |             |                                 |   |   |                         |                          |
| FT MYERS FL 33912                           |  |                        |  |                            |             |                                 |   |   |                         | İ                        |
| FIN   | 11EH3 FL 33912   |                        |  | 84                         | ıt          | City                            |   |   | . 85 Zi                 | p Code                   |
|   |  |                        | <u></u>  |                            |             |                                 |   | F   |                         |                          |
| 11. Pursuant                                | to the provisions of Sections 607.05<br>egistered agent, or both, in the State | 02 and 60<br>of Florid | 07.1508, Florida Statute<br>Ia. Such change was au | s, the abov<br>thorized by | /e-<br>/ th | -named corpor<br>he corporation | ration s<br>n's boa                     | submits this statement for the purpose or of directors. I hereby accept the app | or changing ointment as | registered               |
| agent. I a                                  | m familiar with, and accept the oblig  | ations of,             | Section 607.0505, Flori                            | da Statute:                | 5.          |                                 |   | , , , , , ,   |                         |                          |
| SIGNATURE                                   |  |                        |  |                            | _           |                                 |   |   |                         |                          |
|   | Signature, typed or printed name of registered age OFFICERS A                  |                        |  | Registered Age             | ent :       | signature required v            |   | DDITIONS/CHANGES TO OFFICERS A  | AND DIRECT              | TORS IN 12               |
| TITLE                                       | VS OFFICERS A  | NO DIKE                | ☐ DELETE   | 1,1 TITLE                  |             |                                 |   | 331110110101011102010 10 01 1 102110 1  | Chang                   |                          |
| NAME  | WATEL, MEG   |                        |  | 1.2 NAME                   |             |                                 |   |   | _ `                     | _ ]                      |
| STREET ADDRESS                              | 16337 PARK ROW   |                        |  | 13 STREE                   | -T A        | ADDRESS                         |   |   |                         |                          |
|   | HOUSTON TX   |                        |  | 1.4 CITY-5                 |             | 1                               |   |   |                         |                          |
| CITY-ST-ZIP TITLE                           | VP VP  |                        | ☐ DELETE   | 2.1 T/TLE                  | <b>J</b> 1- |                                 |   |   | ☐ Chang                 | e Addition               |
| NAME  | BURROWS, IVAN  |                        |  | 2.2 NAME                   |             |                                 |   |   |                         | ł                        |
| STREET ADDRESS                              | 16337 PARK ROW   |                        |  | 2.3 STREE                  | -T A        | ADORESS                         |   |   |                         |                          |
|   | HOUSTON TX   |                        |  | 2. 4 CITY-                 |             |                                 |   |   |                         | 1                        |
| CITY-ST-ZIP                                 | P  |                        | DELETE   | 3.1 TITLE                  | -           | - 23                            |   |   | ☐ Chang                 | e 📋 Addition             |
| NAME  | QUINN, RENNIE  |                        |  | 3.2 NAME                   |             |                                 |   |   |                         | }                        |
| STREET ADDRESS                              | 16337 PARK ROW   |                        |  | 3.3 STREE                  | ET A        | ADDRESS                         |   |   |                         |                          |
| CITY-ST-ZIP                                 | HOUSTON TX   |                        |  | 3,4. CITY-                 |             |                                 |   |   |                         |                          |
| TILE  | TAS  |                        | ☐ DELETE   | 4.1 TITLE                  |             |                                 |   |   | Chang                   | e Addition               |
| NAME  | KELLY, KENNETH J   |                        |  | 4, 2 NAME                  | :           |                                 |   |   |                         |                          |
| STREET ADDRESS                              | 16337 PARK ROW   |                        |  | 4.3 STREE                  | ET A        | ADDRESS                         |   |   |                         |                          |
| CITY-ST-ZIP                                 | HOUSTON TX   |                        |  | 4.4 CITY-5                 | ST-         | ZIP                             | _                                       |   |                         |                          |
| TITLE                                       |  |                        | ☐ DELETE   | 5.1 TITLE                  |             |                                 |   |   | Chang                   | e Addition               |
| NAME  |  |                        |  | 5.2 NAME                   |             |                                 |   |   |                         | }                        |
| STREET ADDRESS                              |  |                        |  | 5.3 STREE                  | T A         | ADDRESS                         |   |   |                         | 1                        |
| CITY-ST-ZIP                                 |  |                        |  | 5.4 CITY-S                 | ST-         | ZIP                             |   |   |                         |                          |
| TITLE                                       |  |                        | ☐ DELETE   | 6.1 TITLE                  |             |                                 |   |   | Chang                   | e                        |
| NAME  |  |                        |  | 6.2 NAME                   |             |                                 |   |   |                         | \                        |
| STREET ADDRESS                              |  |                        |  | 6.3 STREE                  | ET A        | ADDRESS                         |   |   |                         | İ                        |
| CITY-ST-ZIP                                 |  |                        |  | 6.4 C/TY-5                 | 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 attackment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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