**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 MAY -1 AM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17472** **(2)**

1. Corporate Name
**KIMMINS ENVIRONMENTAL SERVICE CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 SECOND AVENUE. EAST<br>TAMPA FL 33605-5005 | 1501 SECOND AVENUE. EAST<br>TAMPA FL 33605-5005 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2763096** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City — 24; State — 25; Zip — 29; County — 30
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH M**
**1501 E SECONA AVE**
**TAMPA FL 33605**

10. Name and Address of New 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 Section(s) 607.0501 and/or 617.1008, 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| 1 TITLE | PD | 1 TITLE ☐ Change ☐ Addition |
| 1 NAME | WILLIAMS, FRANCIS M | 1 NAME |
| 1 STREET ADDRESS | 1110 CULBREATH ISLES DR. | 1 STREET ADDRESS |
| 1 CITY-ST-ZIP | TAMPA FL | 1 CITY-ST-ZIP |
| 2 TITLE | ST | 2 TITLE ☐ Change ☐ Addition |
| 2 NAME | WILLIAMS, JOSEPH M. | 2 NAME |
| 2 STREET ADDRESS | 1501 2ND AVENUE | 2 STREET ADDRESS |
| 2 CITY-ST-ZIP | TAMPA FL | 2 CITY-ST-ZIP |
| 3 TITLE | D | 3 TITLE ☐ Change ☐ Addition |
| 3 NAME | GOLD, MICHAEL | 3 NAME |
| 3 STREET ADDRESS | 256 3RD ST. | 3 STREET ADDRESS |
| 3 CITY-ST-ZIP | NIAGRA FALLS NY | 3 CITY-ST-ZIP |
| 4 TITLE | D | 4 TITLE ☐ Change ☐ Addition |
| 4 NAME | CHANDLER, GEORGE A | 4 NAME |
| 4 STREET ADDRESS | 927 W SHAKER CIRCLE | 4 STREET ADDRESS |
| 4 CITY-ST-ZIP | MEQUON WI | 4 CITY-ST-ZIP |
| 5 TITLE | VP | 5 TITLE ☐ Change ☐ Addition |
| 5 NAME | MACKOWIAK, EDWARD A | 5 NAME Delete Mackowiak, Edward A. |
| 5 STREET ADDRESS | 1501 E. 2ND AVE. | 5 STREET ADDRESS |
| 5 CITY-ST-ZIP | TAMPA FL | 5 CITY-ST-ZIP |
| 6 TITLE | | 6 TITLE ☐ Change ☒ Addition |
| 6 NAME | | 6 NAME Chief Financial Officer / VP |
| 6 STREET ADDRESS | | 6 STREET ADDRESS Norman S. Dominiak |
| 6 CITY-ST-ZIP | | 6 CITY-ST-ZIP 1501 2nd Ave. Tampa, FL 33605 |

14. To the best of my knowledge, the information supplied with this filing is substantially complete 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 report or supplemental 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 with an address.

**SIGNATURE:** [signature] 4-25-95 813-248-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Norman S. Dominiak

0291109 CP