P17472

Annual Report
Filed 5-1-95

2 pgs.

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. Corporation Name
KIMMINS ENVIRONMENTAL SERVICE CORP.

Principal Place of Business	Mailing Address
1501 SECOND AVENUE. EAST TAMPA FL 33605-5005	1501 SECOND AVENUE. EAST 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
4. FEI Number: 59-2763096 ☐ 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

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 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: (Typed or printed name of person signing) (Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FRANCIS M	1.2 NAME		
STREET ADDRESS	1110 CULBREATH ISLES DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JOSEPH M.	2.2 NAME		
STREET ADDRESS	1501 2ND AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, MICHAEL	3.2 NAME		
STREET ADDRESS	256 3RD ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NIAGRA FALLS NY	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, GEORGE A	4.2 NAME		
STREET ADDRESS	927 W SHAKER CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MEQUON WI	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	Delete	☐ Change ☐ Addition
NAME	MACKOWIAK, EDWARD A	5.2 NAME	Mackowiak, Edward A.	
STREET ADDRESS	1501 E. 2ND AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Chief Financial Officer/VP	☐ Change ☒ Addition
NAME		6.2 NAME	Norman S. Dominiak	
STREET ADDRESS		6.3 STREET ADDRESS	1501 2nd Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa FL 33605	

14. I (We) 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: [signature] 4-26-95 813-248-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Norman S. Dominiak

0201189 CP