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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Muse



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

|  | 996  |  | ·  | DIVISIÓN OI  |  | · · · · · · · · · · · · · · · · · · ·  |  |   |   |                                  |
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| OCUM<br>Corporation 1  | 1ENT #   | P2013  | 0  | (1)  |  |  |  |   |   |                                  |
| •  | RT ENVIRONA  | MENTAL GRO   | UP, INC  | ).   |  |  | t (Santato na Gian Aria) aria  | 6 (1)() <b>46</b> () <b>5</b> ( <b>5</b> )( | e dadar dağırı dibil  | ı Bibis dines ina                |
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| ncipal Place c   |  |  |  | g Address  |  |  |  |   |   |                                  |
| 3809 MOFFETT ROAD (36618)<br>P O BOX 7434<br>MOBILE AL 36670   |  |  | 3809 MOFFETT ROAD (36618)<br>P O BOX 7434<br>MOBILE AL 36670 |  |  |  |  |   |   |                                  |
|  |  |  | WODILE AL WOOD   |  |  | 3. Date Incorporated or Qualific 07/20/1988  | od <b>3a.</b> Da   | ate of Last Re<br>02/21/19                  | •   |                                  |
| Principal Plac   | ce of Business   |  | F  | ailing Address   |  |  | 4. FEI Number  |   | <b>├</b>  | Applied For                      |
| Saito, Apt. #,   | elc .  |  | <b>26</b> ]  | ite, Apl. #, etc.  |  |  | 63-0919149   |   |   | Not Applicab<br>Additional       |
| 7. F. S.   |  |  | 27   | 10,140.11,010.   |  |  | 5. Certificate of Status Desired   | X   | •   | Required                         |
| City & State   |  |  | Cit  | ty & State   |  |  | 6. Election Campaign Financing   | , ,   | \$5.0   | О Мау Ве                         |
|  | - 11.  |  | 28   |  | <del></del>  |  | Trust Fund Contribution  |   |   | to Fees                          |
| Zų)  | 25   | untry  | 29 Zij   | )  | 30 Cou   | ntry   | This corporation has liability     Florida Statutes                            | tor intangible<br>Yes No                    | tax under s   | 199.032,                         |
| •  |  | dress of Current   | L I  | ed Agent   |  |  | 10. Name and Address of Ne   |   | d Agent   |                                  |
|  |  |  | · · · · · · · · · · · · · · · · · · ·                        |  |  | 81 Name  |  |   |   |                                  |
| CT COR   | PORATION SYS   | TEM  |  |  |  | 82 Street Add  | dress (P.O. Box Number is Not Accer  | otable)                                     |   |                                  |
| 1200 S.  | PINE ISLAND RO   | OAD  |  |  |  |  |  |   |   |                                  |
| PLANTA   | TION FL 33324  |  |  |  |  | 83   |  |   |   |                                  |
|  |  |  |  |  |  |  |  |   | 85 Zip  | Code                             |
|  |  |  |  |  |  | <b>84</b> City   |  | _   | DO 1 4  |                                  |
| Pursuant to  | the provisions of S  | ections 607.0502   | and 607.1  | 508, Florida Statu   | ites, the abo  | ve named corpx   | oration submits this statement for the   | purpose of o                                | changing its r  | egistered off                    |
| or registere<br>familiar with  | the provisions of S<br>diagent, or both, in<br>and accept the ob   | the State of Florid  | la. Such ch  | iange was authori  | ized by the d  | ve named corpx   | oration submits this statement for the and of directors. I hereby accept the a | purpose of o                                | changing its r  | egistered offi<br>agent. I am    |
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