Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90025 028 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P27481

PICKERII	ng environmental coi	nsultants, inc.					
Principal Place	e of Business	Mailing Address				IQ) BIBSI BIBII BIBII BIBII AI	THE BUILT TEST
1750 MADISON		1750 MADISON AVE.					
STE. 500 STE. 500							
MEMPHIS TN 38104 MEMPHIS TN 38104				DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/22/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		26			62-1402508		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State	e	City & State			6. Election Campaign Financing	_¬ \$5.00 ເ	•
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current		Mala
24	25	29	30		Personal Property Tax.		⊠No
	9. Name and Address of Curre	ent Registered Agent	81 N	ame	10. Name and Address of New Reg	istered Agent	
	CORPORATION SYSTEM				ss (P.O. Box Number is Not Acceptable)	
) S. Pine Island Road Ntation FL 33324		83		·	<u> </u>	
			84 0	ity	, , , , , , , , , , , , , , , , , , , ,	FL 85 Zip C	Code
44 5	4- th	ED2 and 607 1509 Florida Sta	tutos the above n	med corno	ration submits this statement for the pur	mose of changing its	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed hahe of registered as	te of Florida. Such change wa gation of, Section 607.0505,	s authorized by the	corporation	is board or directors. I hereby accept to	DATE	gistered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☑ DELETE	1.1 TITLE			Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	8299 HICKORY GLEN 1.3 STF		1.3 STREET AD	DRESS			
CITY-ST-ZIP	GERMANTOWN TN 140		1.4 CITY-ST-ZII				
TITLE	D	☐ DELETE	2.1 TITLE	Pn	esident	Change	☐ Addition
NAME	WHITTEN, NATHANIEL		2.2 NAME				
STREET ADDRESS	333 N MART PLAZA		2.3 STREET AD	DRESS			
CITY-ST-ZIP	JACKSON MS		2. 4 CITY- \$T- Z				rana adala
TITLE		☐ DELETÉ	3.1 TITLE		rector	☐ Change	Addition
NAME			3.2 NAME		ichael Donohoe,		
STREET ADDRESS			- 3.3 STREET AD	DRESS 17	50 Madison Avenue		
CITY-ST-ZIP		□ Bei ere	3.4. CITY-ST-ZI	P Me	emphis TN 38104	☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			. Criange	
NAME			4, 2 NAME			•	
STREET ADDRESS			4.3 STREET ADI				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZII			☐ Change	Addition
TITLE		□ pereie	5.2 NAME				
NAME			5.3 STREET AD	DRESS			
STREET ADDRESS			5.4 CITY-ST-ZII				
CITY-ST-ZIP			6.1 TITLE				
TITLE		I I DELETE	Q, I IIILE		· · · · · · · · · ·	☐ Change	Addition
NAME		☐ DELETE	6.2 NAME			☐ Change	☐ Addition
NAME STREET ADDRESS		∐ DELETE		DRESS	,	. Change	Addition

CITY-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 coprolation 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TOUIRED