

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P31607 (5)**

1. Corporation Name  
**PETROLEUM ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business: **334 SMITH AVE THOMASVILLE GA 31792 US**  
Mailing Address: **P.O. BOX 146 THOMASVILLE GA 31799**

3. Date Incorporated or Qualified: **10/15/1990**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **58-1908694**  
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: 21  
2a. Mailing Address: 26  
22 Suite, Apt. #, etc.: 27  
23 City & State: 28  
24 Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent  
**MERCER, FRANK  
3658 DWIGHT DAVIS DRIVE  
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LEWIS, MONTY	
STREET ADDRESS	PO BOX 1694 N/A	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, JANE C	
STREET ADDRESS	P.O. BOX 1694	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEWIS, JANE	
STREET ADDRESS	PO BOX 1694 N/A	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANIGAN, BERNARD, JR.	
STREET ADDRESS	314 GORDON AVENUE	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARMON, LARRY	
STREET ADDRESS	215 TALL PINES DRIVE	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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)(k), 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: *Monty Lewis* **MONTY LEWIS, PRES + DIRECTOR** 2-15-96 912-225-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)