

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 11 11 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P35239** (3)  
1. Corporation Name  
**FII SOIL REMEDIATION CORP.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**ROUTE 4, BOX 348 BREWTON AL 36426**

3. Date Incorporated or Qualified **08/26/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **63-0956079** 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. 193.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite Apt. # etc 26. Suite Apt. # etc  
22. City & State 27. City & State  
23. City & State 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City **FL** B5. 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TYPE	<b>PV</b>
NAME	<b>JAMES, TIMOTHY E., JR.</b>
STREET ADDRESS	<b>RT. 4, BOX 348</b>
CITY & ZIP	<b>BREWTON AL</b>
TYPE	<b>CD</b>
NAME	<b>JAMES, TIMONTY E., JR.</b>
STREET ADDRESS	<b>RT. 4, BOX 348</b>
CITY & ZIP	<b>BREWTON AL</b>
TYPE	<b>STD</b>
NAME	<b>JAMES, ANGELA W.</b>
STREET ADDRESS	<b>315 OLIVER ST.</b>
CITY & ZIP	<b>GREENVILLE AL</b>
TYPE	<b>D</b>
NAME	<b>ALSOBROOK, O.D., III</b>
STREET ADDRESS	<b>P.O. BOX 4170 N/A</b>
CITY & ZIP	<b>OPELIKIA AL</b>
TYPE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
2. STREET ADDRESS	
3. CITY & ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
2. STREET ADDRESS	
3. CITY & ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
2. STREET ADDRESS	
3. CITY & ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
2. STREET ADDRESS	
3. CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(3), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report, true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or liquidator thereof and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to an address.

SIGNATURE: *Sandra B. Mathran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Timothy E. James, Sr. Does*

(334) 847-3194