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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38203

(6)

HMA ENVIRONMENTAL SERVICES, INC.

Principal Place of Business Mailing Address

FILED May 16 1997 8:00am Secretary of State



8405 SOWELL LANE. TEXARKANA TX 75503		3405 SOWELL LANE. TEXARKANA TX 75501-2685								
			:			3. Date Incorporated or Qualified 04/07/1992	3a. Date o		eport	
	ace of Business	25. Mailing Address				4. FEI Number		Ap	plied For	
21		26				75-2389074			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$	8.75 A Fee Re	Additional quired	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be o Fees	
Zip 24	Country 25	Zip 29	30 C	ountry	,	8. This corporation has liability for in Florida Statutes	ntangible tax Yes 🔲 N		199.032,	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
CT	CORPORATION SYSTEM			81	Name					
·· 1200	SOUTH PINE ISLAND RD., NTATION FL 33324			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
, , ,	11111011 12 00021			83			······			
				84	City		- 8	Zip (Code	
44 6	007.050	- 1007 (E00 E)		<u> </u>			<u> </u>	1		
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	Signature, typed or printed name of registered ager	MOI med title it applicable MOI best to	C. Goolgle	red Age	ol a coalura rac	quired when reinstating)	DATE			
12.	OFFICERS AND		18		ant a griature rec	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	C DELETE			111LE		ADDITIONAL TO CITIO		Change	Addition	
NAME	MURRAY, HERBERT L.			1.2 NAME			_	•	_	
STREET ADDRESS	3405 SOWELL LANE				ADDRESS					
CITY-ST-ZIP	TEXARKANA TX			CITY-S						
TITLE	VST	☐ DELETE		TITLE	-			Change	Addition	
NAME	MURRAY, ROBERT H.		22	NAME		•				
STREET ADDRESS	3405 SOWELL LANE		2.8	STREET	ADDRESS					
CITY-ST-ZIP	TEXARKANA TX		2.ju		ST-ZIP					
TITLE (;	D	DELETE	3.)	TITLE				Change	Addition	
NAME	MATTHEWS, PHILLIP R.		3.2	NAME						
STREET ADDRESS	3815 DACOMA		3.8	STREET	ADDRESS				-	
CITY-ST-ZIP	HOUSTON TX		3.4	3.4. CITY-ST-ZIP						
TITLE	PD	DELETE	4.1	TITLE				Change	Addition	
NAME	HORWITCH, GARY R.		4.3	2 NAME						
STREET ADDRESS	3815 DACOMA		4.8	STREET	ADDRESS					
CITY-ST-ZIP	HOUSTON TX		_	CITY - S	ST-ZIP					
TITLE		☐ DELETE	5.1	TITLE				Change	☐ Addition	
NAME			5.2	⊉ NAME						
STREET ADDRESS			5.8	STREET	ADDRESS					
CITY-ST-ZIP			-	CITY - S	ST-ZIP					
TITLE		☐ DELETE	6.1	TITLE			IJ	Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS	,		6.‡	STREE1	ADDRESS					
CITY-ST-ZIP			6.	CITY-S	ST - ZIP					

14. I do hereby certify that the information supplied with this filling 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 compretion 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 73 if of inged or on ampitted meant with an addition.