FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38766** **(2)**

1. Corporation Name

FALCON ENVIRONMENTAL LINING SYSTEMS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 4306 ODESSA TX 79760-4306	POST OFFICE BOX 4306 ODESSA TX 79760-4306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/07/1992	04/12/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 75-1464318	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE

Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	V	☒ Change ☐ Addition
NAME	WOODS, RALPH	12 NAME	Woods, Ralph	
STREET ADDRESS	5200 JOHNSON RD.	13 STREET ADDRESS	5200 Johnson Road	
CITY ST ZIP	ODESSA TX	14 CITY ST ZIP	Odessa, Texas 79764	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	WOODS, LINDA S.	22 NAME		
STREET ADDRESS	5200 JOHNSON RD.	23 STREET ADDRESS		
CITY ST ZIP	ODESSA TX	24 CITY ST ZIP		
TITLE	T	31 TITLE	TS	☒ Change ☐ Addition
NAME	WOODS, LINDA S.	32 NAME	Harris, Mary	
STREET ADDRESS	5200 JOHNSON RD.	33 STREET ADDRESS	9334 W. 26th	
CITY ST ZIP	ODESSA TX	34 CITY ST ZIP	Odessa, Texas 79763	
TITLE	V	41 TITLE	No longer holds an office	☐ Change ☐ Addition
NAME	MCCLELLAND, FOY JAMES JR	42 NAME	McClelland, Foy James Jr	
STREET ADDRESS	1706 ROYALTY	43 STREET ADDRESS	1706 Royalty	
CITY ST ZIP	ODESSA TX 79761	44 CITY ST ZIP	Odessa, Texas 79761	
TITLE	VS	51 TITLE	V	☒ Change ☐ Addition
NAME	BROOKS, JOHN B	52 NAME	Brooks, John B	
STREET ADDRESS	1207 E 55TH	53 STREET ADDRESS	1207 E. 55th	
CITY ST ZIP	ODESSA TX 79762	54 CITY ST ZIP	Odessa, Texas 79762	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 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: Mary Harris **Mary Harris** **04/03/95** **915-366-2611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0480700 FN