Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90228 026 ***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 # P39105

1. Corporation		****		
SERVICE	ENVIRONMENTAL COMPA	ANY		. :
Principal Place	e of Rusiness	Mailing Address		
P.O. BOX 2355 P.O. BOX 2355				
BEAUMONT TX 77704 BEAUMONT TX 77704				DO MOTIVATE IN THE ODAGE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				06/02/1992
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
		26		76-0336240 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional	
27			Fee Kequired	
City & State City & State				6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	9. Name and Address of Currer		<u> </u>	Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Kadisteled Agent	81 Name	
CT	CORPORATION SYSTEM		22 24-4	1 Address (D.O. Dev Number in Net Assestable)
1200 SOUTH PINE ISLAND ROAD			82 Street	t Address (P.O. Box Number is Not Acceptable)
PLAI	NTATION FL 33324		83	
			84 City	■ 85 Zip Code
				FL
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.	Soliding Special St. directors of the early decomposite approximation of the early decomposite and approximatio
SIGNATURE				required when reinstating) DATE
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Aresident Change Addition
NAME	BROCK, TODD		1.2 NAME	Nelles
STREET ADDRESS	1670 EAST CARDINAL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX		1.4 CITY-ST-ZIP	Beaumot, Tx
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	3 <u> </u>
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Channa C Addition
TITLE		☐ DELETÉ	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE		- DEEC'16	4. 2 NAME	
NAME STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME	•		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	·	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STOCET ADDOCSS	I		6.3 STREET ADDRESS	S I

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP