## 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 # P9200006746 (1)

TOWNSEND ENVIRONMENTAL SERVICES, INC.

FILED Mar 19 1997 8:00am Secretary of State

* *************************************	 A 3 1.0 A 1.11   A 8.1 A 1414 B 111 AB 8.1

ACTAGT

@13-791-1007

Principal Plac	cipal Place of Business Mailing Address				I IODIIJONI 118 (DI)IO 11017 ODFIL DDILI ODII	<b>                                    </b>		#
2380 DREW ST		2380 DREW STREET						
SUITE 4	F. A100	SUITE 4	2014					
CLEARWATER FL 34625		CLEARWATER FL 34625-3311		3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1996				
2 Principal P	lace of Business	2a. Mailing Address			4. FE! Number	UZIZ		pplied For
			me		59-3162296		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 A		
22		27			5. Certificate of Status Desired	L1	Fee R	equired
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23 Clean Zip	Country .			ntrv	Trust Fund Contribution  This corporation has liability for			
24 346				8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes				
	9. Name and Address of Curren	<del></del>			10. Name and Address of New Re	gistered A	gent	
TOW	/NSEND, JAMES W			81 Name				
	DREW STREET			82 Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
SUIT								
CLE	ARWATER FL 34625			83				
				84 City		FL	<b>85</b> Zip	Codo
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	ites the at	love-named cor	poration submits this statement for the p		L I	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	: authorizei	d by the corpora	ation's board of directors. I hereby accept	pt the appo	pintment as	registered
	im familiar with, and accept the obliga	ations of, Section 607,0505, F	ionda ətat	utes.				
SIGNATURE	Signature, typed or printed name of registered age-	of and title if applicable (NC	III Begisteres	I Agent signature requ	uired when reinstaing)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 10	ilt			Change	Addition
NAME	TOWNSEND, JAMES W		1.2 N/	ME				
STREET ADDRESS	2958 KENILWICK DR. SO.		1.3 ST	RECT ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CI	TY - ST - ZIP				
TITLE		☐ DEFFE	2.1 TI	TLE.			Change	Addition
NAME			2.2 N	MF .				
STREET ADDRESS			2.3 ST	RELI ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DECETE	3.1 10				∐ Change	Addition
NAME			3.2 N/	1				
STREET ADDRESS				RELT ADDRESS				
CITY - ST - ZIP		DELETE	3.4. C 4.1 TI	11Y - S1 - 7IP			☐ Change	Addition
TITLE		DETTE					Change	L Addition
NAME OTDEET ADDRESS			4. 2 N	RELI ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 Tr	TY-ST-7IP I-F			☐ Change	☐ Addition
NAME			5.2 N/					
STREET ADDRESS				RECT ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	6.1 TI				Change	Addition
NAME			6.2 N/					
STREET ADDRESS				REFT ADDRESS				
CITY-ST-ZIP				TY+ST+ZIP				
14. I do here	by certify that the information supplied	d with this filing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	iho
Lam an o	on indicated on this annual report or s efficer or director of the corporation or in Block 12 or Block 13 if changed, or	The receiver or trustee empo	wered to $\epsilon$	accurate and tha execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	ai ellect as Statutes; ar	ii made un id that my i	icier dath; tha name