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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200006746 (1)

TOWNSEND ENVIRONMENTAL SERVICES, INC.

FILED Feb 03 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address		L 18 DILAGE SER INTER SERIE DALLE ARTE	#2611	1981	
405 SOUTH D	DUNCAN AVE	2380 DREW STREET					
CLEARWATER FL 34815		SUITE 4		DO NOT WRITE IN THIS SPACE			
us		CLEARWATER FL 34625		3. Date Incorporated or Qualified		$\overline{}$	
				11/19/1992	-		
2. Principal P	lace of Businoss	2a. Mailing Address		4, FEI Number	Applied	For	
21		26 405 South	Duncan Ave	59-3162296	Not App	plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition		
22	<u> </u>	27		3. Continuate of Status Bouled	Fee Require	ed .	
City & State	е	City & State	, F1	6. Election Campaign Financing	\$5.00 May		
23		28 Clearwate	Country	Trust Fund Contribution	Added to Fee		
Zip 24 33	Country	Zip 33755 3	Country	This corporation owes or has Personal Property Tax due Ju			
24 55	9. Name and Address of Current		<u> U </u>	10. Name and Address of New			
TOURIOTAID MARTO W							
	30 DREW STREET	Onsend Ames loss (P.O. Box Number is Not Accept					
	ITE 4		82 Street Addre	ass 12.0. Box Norriber is Nor Accept			
	EARWATER FL 34625		83 29< 0	1 1	ZN. 11		
			84 City / 1	Nenilwick Dr	85 Zip Code	277	
				earwater	FL│ □うる 系	-5	
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 typod or printed name of registered ager		Registered Agent signature required		DATE		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OF		Addition	
TITLE	D Townsend, James W		1.2 NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME STREET ADDRESS	2958 KENILWICK DR. SO.		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL.34821	33761	1.4 CITY - ST - ZIP				
TITLE	OCCIONALLI LA TOLI	DELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	***		ŀ	
CITY-ST-ZIP			2.4 CITY - ST - ZIP				
TITLE		DELETE	3.1 TITLE		☐ Change ☐	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		Doriere	4.4 CITY - ST - ZIP		Change	Addition	
TITLE		DELETE	5.1 TITLE			AUGILIOIT	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
TITLE NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied wit	It this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes	. I further certify that the inform	mation	

Indicated on this annual report or supplienential 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 oddress.