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 # P9300000402

 Corporation 	n Name					
TABOR E	ENVIRONMENTAL SERVICE	es, inc.				
Deinainal Diag	of Dunisans	Mailing Address			[
362 GULF BREEZE PKWY PO BOX 777 STE 377 LOUISVILLE MS 39339				, DO NOT WEST IN THE ORIGIN		
GULF BREEZE FL 32561 US					DO NOT WRITE IN THIS SPACE	\neg
US					3. Date Incorporated or Qualifed	Į
					01/05/1993 4. FEI Number ' Applied For	\dashv
		2a. Mailing Address			1	_
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		26 Suite Ant # etc			\$8.75 Additional	_
22] 27]		—			5. Certificate of Status Desired Fee Required	
			and the second s		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	
24 25 29		29	30	Personal Property Tax.		_
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Registered Agent	\dashv
		ı	81	Name		
CORPORATION SERVICE COMPANY			82	Street A	Address (P.O. Box Number is Not Acceptable)	\exists
1201 HAYS STREET TALLAHASSEE FL 32301					Lister .	\dashv
IALL	AHASSEE PL 32301		83			1
			84	City	FL 85 Zip Code	٦
office or r	enintered agent or both in the State	a of Florida, Slich chande was all	IDORIZAG DV	TRES CHIEDOR	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	1
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fion	da Statutes	i.		
SIGNATURE	CORPORATION Signature, typed or printed name of registered ag	Service Company	Pagistared Ager	nt signatura rag	required when reinstating) DATE	Ì
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\exists
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	on
NAME	TABOR, BILL		1.2 NAME			1
STREET ADDRESS	362 GB PKWY #377		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-S	T-ZIP		ᆜ
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CITY-ST-ZiP TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Additi	on .
NAME		<u> </u>	6.2 NAME			l
STREET ADDRESS			1	TADDRESS		

CITY-ST-ZIP 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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(850) 934-9697