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

FILED Feb 16 1998 8:00am **PROFIT** 11 ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P93000007702 (2) DOCUMENT # **ENVIRONMENTAL SYSTEMS 2000 INC.** Principal Place of Business Mailing Address 515 MANDALAY RD 515 MANDALAY RD ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1993 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 59-3178850 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 $\overline{Z}_{\mathrm{IP}}$ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARROLL S. BARCO, P.A. 6220 S ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable) SUITE 194 83 ORLANDO FL 32859 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 bolts, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. (NOTE: Flegistered Agent signature required when reinstating) 1000 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition TITLE JAMES, ELLEN L NAME 1.2 NAME 515 MANDALAY RD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE MILAN, JAMES 2.2 NAME 515 MANDALAY RD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 DILE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

Block 12 or Block 13 if changed, or on an attachmost with an address. JAMES 2/10/98 (407) 857-0044 SIGNATURE:

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 suppliemental 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

61 TITLE

62 NAME 6.3 STREFT ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP