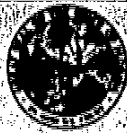


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:20

DOCUMENT # P93000039741 (2)

1. Corporation Name

ENVIRONMENTAL SECURITY, INC.

Principal Place of Business

**5121 W PENSACOLA STREET
TALLAHASSEE FL 32304**

Mailing Address

**5121 W PENSACOLA STREET
TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

07/11/1994

4. FEI Number

59-3190886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

N/A

2a. Mailing Address

26

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

N/A

27

N/A

City & State

City & State

23

N/A

28

N/A

24

N/A

Country

29

N/A

Country

25

N/A

Country

30

N/A

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUBIK, STEPHEN J
155 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301**

81. Name

N/A

82. Street Address (P.O. Box Number is Not Acceptable)

N/A

83. City

N/A

84. State

FL

85. 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

DOYLE, JOSEPH M. S

STREET ADDRESS

2885 TETON TR.

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

ST

NAME

DOYLE, WILHEMINA H.

STREET ADDRESS

2885 TETON TRAIL

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

ST

NAME

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TITLE

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NAME

DOYLE, WILHEMINA H.

STREET ADDRESS

2885 TETON TRAIL

CITY - ST - ZIP

TALLAHASSEE FL

1.1 TITLE

N/A

1.2 NAME

N/A

1.3 STREET ADDRESS

N/A

1.4 CITY - ST - ZIP

N/A

2.1 TITLE

N/A

2.2 NAME

N/A

2.3 STREET ADDRESS

N/A

2.4 CITY - ST - ZIP

N/A

3.1 TITLE

N/A

3.2 NAME

N/A

3.3 STREET ADDRESS

N/A

3.4 CITY - ST - ZIP

N/A

4.1 TITLE

N/A

4.2 NAME

N/A

4.3 STREET ADDRESS

N/A

4.4 CITY - ST - ZIP

N/A

5.1 TITLE

N/A

5.2 NAME

N/A

5.3 STREET ADDRESS

N/A

5.4 CITY - ST - ZIP

N/A

6.1 TITLE

N/A

6.2 NAME

N/A

6.3 STREET ADDRESS

N/A

6.4 CITY - ST - ZIP

N/A

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE:

Joseph M. Doyle Sr.

Joseph M. Doyle Sr.

4-6-95

Ref 574-7802

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Phone #