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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90234 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039741

1. Corporation Name

ENVIRONMENTAL SECURITY, INC.



Principal Place of Business

440 CAPITAL CIRCLE NW
TALLAHASSEE FL 32304
US

Mailing Address

440 CAPITAL CIRCLE NW
TALLAHASSEE FL 32304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

2. Principal Place of Business

21 8730 SHARON LN.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 PENSACOLA FL

City & State

28 PENSACOLA FL

Zip

24 32534

Country

25 USA

Zip

29 32534

Country

30 USA

4. FEI Number

59-3190886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KUBIK, STEPHEN J
155 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

DIANNE CONNELL

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

5001 LAKEFRONT DR #I-3

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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

Diana Connell

Diana Connell

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DOYLE, JOSEPH M. S

STREET ADDRESS 2985 TETON TR.

CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE

NAME DOYLE, WILHELMINA H.

STREET ADDRESS 2985 TETON TRAIL

CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE

NAME DOYLE, JOSEPH M

STREET ADDRESS 29855 TETON TRAIL

CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #