SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300065140 (4)

QUICKSILVER ENVIRONMENTAL INCORPORATED

Principal Place of Business	Mailing .			
8503 GUNSTATE 8T	P. O. B			
TAMPA FL 33634	Tampa			
US	Us			

Mailing Address

P. O. BOX 25178 TAMPA FL 33622

FILED Sep 19 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

				09/13/1993	l	06/11/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	1 441		plied For
21		26			59-3202837		Not	l Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z(p 29	Country 30	,	8. This corporation owes or has pair Personal Property Tax due June	F	_	ingible No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg		t	
5206 INTERBAY BLVD TAMPA FL 33611								
ŀ								
			84	City		FL 85	Zip C	ode
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	02 and 607.1508, Florida Sta to of Florida. Such change wagations of, Section 607.0505,	alules, the abov as authorized by Florida Statute	e-named co y the corpora s.	rporation submils this statement for the pration's board of directors. I hereby accep		iging its ent as r	registered egistered
SIGNATURE	Signature, typed or printed name of registered ag	gert and title if applicable (I	NOTE: Registered Age	ent signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE			L C	hange	Addition
NAME	FLYNN, SALLY Z		1.2 NAME					
STREET ADDRESS	5208 INTERBAY BLVD		1.3 \$1REE1	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY - S	T-ZIP				
TITLE	D	DELETE	2.1 TITLE	ļ.		L C	hange	Ac dition
NAME	FLYNN, WILLIAM M		2.2 NAME					
STREET ADDRESS	5206 INTERBAY BLVD		2.3 STREET	ADDRESS				[
CITY-ST-ZIP	TAMPA FL 33611		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELEYE	3.1 TITLE			L□c	hange	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				į
CITY-ST-ZIP			3.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
THTLE		DELETE	4.1 TITLE			Ц¢	hange	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5	II-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Пc	hange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				İ
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			□ c	hange	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9					
14. I do hereb	by certify that the information supplie	ed with this filing does not qu	ualify for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certi	ly that t	he

4. I do hereby certify that the information supplied with this filing does not quality 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 it changed, or one in attachment with an address.

01011471107

9/1/9

012 200 A/c8