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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072099 (3)

AQUATERRA ENVIRONMENTAL SERVICES, INC.

Principal Place of Business Mailing Address										a sedaneda me ibide anim edini ediri	BALLE BALLI	10919 1 8 88 8 8	//A 48/1 FBF
1774 SOUTH DE SARASOTA FL S			1774 SOUTH DRIVE SARASOTA FL 34239-5039										
									3.	Date Incorporated or Qualifi 10/18/1993		a. Date of Last 05/06/1996	Report
2. Principal Pl	ace of Busines		2a. Mailing Address					4.	FEI Number		1/	Applied For	
21		20	26					65-0455017 Not Applicable					
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.						Carlifactor of Charles Continued		\$8.75	Additional	
22		2	27					2.	Certificate of Status Desired	L	Fee I	Required	
City & State)	<u>-</u>	City & State					6.	Election Campaign Financing	3	\$5.00	O May Be	
23		21	28						Trust Fund Contribution			d to Fees	
Zip Country				Zip Country				,	В.	This corporation has liability	for intan	gible tax under	s. 199.032,
24	25			29 30					Florida Statutes				
	9. Name ar	nd Address o	Current Reg	Registered Agent					10. Name and Address of New Registered Agent				
GEBH	lard, diete	R					81	Name					
1858	RINGLING BI				82	Street Add	tress (F	P.O. Box Number is Not Acce	ntable)				
SARA	SOTA FL 34				-	0.110017100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.o. box rumber to rear roce	Diable;				
							83						
							-			· · · · · · · · · · · · · · · · · · ·			
							84	City				FL 85 Zip	o Code
11. Pursuant t office or re agent. Lar	o the provision egistered agen n familiar with,	ns of Sections it, or both, in t and accept the	607.0502 and ne State of Fig ne obligations	607.1 orida S	508, Florida Stati Such change was ction 607.0505, F	utes, the a s authorize lorida Sta	bove d by lutes	e-named cor y the corpora s.	poratio ation's b	on submits this statement for t board of directors. I hereby a	วด ภายกร	se of changing	its registered is registered
SIGNATURE		•	Ū		ŕ								
SIGNATORE .	Signature typed or	printed name of reg	istered agent and	title if ner	sicable (No	Oli Registere	d Age	ent signature requ	ired wher	n rainstating)	0/	NTE	
12.		OFFIC	RS AND DIF	RECTO		13.			,	ADDITIONS/CHANGES TO O	FICERS	AND DIRECTO	RS IN 12
TITLE	DP				DELETE	1.1]	TLE					☐ Change	Addition
NAME	***************************************				1,2 N/								
STREET ADDRESS 1774 SOUTH DRIVE				1.3 STF				ADDRESS					
CITY-SI-ZIP SARASOTA FL 34239				140			ITY-S	ST - 71P					
TITLE	DVPS				DELE1E 21				Change			Addition	
NAME					22 N								
STREET ADDRESS 1858 RINGLING BLVD.				235			STREET ADDRESS						
CITY-ST-ZIP	SARASOTA	FL 34236				2 4 0	HTY-S	S1 - ZIP					
TITLE					DELETE	317						Change	: Addition
NAME						3.2 N	AME				•		
STREET ADDRESS						33\$	TREFT	ADDRESS					
CITY-ST-ZIP						3 4. 0	H1Y-5	S1 - ZIP					
TITLE					☐ DELETE	4.1 71						Change	Addition
NAME						4 2 1	łame:						
STREET ADDRESS						4.3 S	IREFT	ADDRESS					
CITY-ST-ZIP								a - ZIP					
TITLE					DELETE	5.1 71						☐ Change	Addition
NAME						5.2 N							_ "
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP								1 - ZIP					
TITLE	+				DELETE	5.4 C		11 - 44				Change	Addition
NAME						6.2 N						e Unango	
STREET ADDRESS								ADDRESS					
STUDENT AND DESCRIPTION						■ U.J ⊃	or to be	NUDITED					l l

14. 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 if changed, or on an attachment with an address.

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CITY-ST-ZIP

CECO GLANDON

11/20/07

PAUL 8/0-1967

FILED

May 14 1997 8:00am

Secretary of State