PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081109 (9)

1. Corporation Name

HYDROCARBON MONITORING & ENVIRONMENTAL CO. INC.

Principal Place of Business	Mailing Address
7105 SANTA CLARA BLVD. FORT PIERCE FL 34951	7105 SANTA CLARA BLVD. FORT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
29 30

4. FEI Number: 65-0476624 ☐ 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 activity for intrastate tax under s. 220.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MARTIN, WILLIAM R
7105 SANTA CLARA BLVD.
FORT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 of New Registered Agent, if changing) (Date) (Signature of Registered Agent, if not changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
2 NAME	MARTIN, WILLIAM R	2 NAME	
3 STREET ADDRESS	7105 SANTA CLARA BLVD.	3 STREET ADDRESS	
4 CITY ST ZIP	FORT PIERCE FL 34951	4 CITY ST ZIP	
5 TITLE	VD	5 TITLE	☐ Change ☐ Addition
6 NAME	MARTIN, CRAIG R	6 NAME	
7 STREET ADDRESS	7105 SANTA CLARA BLVD.	7 STREET ADDRESS	
8 CITY ST ZIP	FORT PIERCE FL 34951	8 CITY ST ZIP	
9 TITLE	SD	9 TITLE	☐ Change ☐ Addition
10 NAME	MARTIN, DOUGLAS W	10 NAME	
11 STREET ADDRESS	5711 UNIVERSITY LANE	11 STREET ADDRESS	
12 CITY ST ZIP	FORT PIERCE FL 34951	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 be the equivalent of a manual signature affixed to this document. A false statement in this report is punishable as provided in Chapter 817.155, Florida Statutes.

SIGNATURE: William R Martin 6-29-95

ENTER NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR — DATE

407 468-4611

DAYTIME PHONE #

017A00 FP