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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083823

1. Corporation Name

CONSOLIDATED ENVIROMENTAL SERVICES, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90039 005 ***150.00



Principal Place of Business Mailing Address 3569 WEBBER STREET 3569 WEBBER STREET SARASOTA FL 34239 SARASOTA FL 34239 . DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0455333 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution. Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BAINBRIDGE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3569 WEBBER ST. SARASOTA FL 34239 83 84 City 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 Floriday 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE 机进路性 ☐ Change Addition BAINBRIDGE, RICHARD NAME 1.2 NAME STREET ADDRESS 3569 WEBBER 1.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CiTY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CiTY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE , Change ☐ Addition ang district NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 per

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)