

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000086906 (3)**

1. Corporation Name

**NASSEF ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business

Mailing Address

301 WEST NINE MILE RD.  
PENSACOLA FL 32534-1819

301 WEST NINE MILE RD.  
PENSACOLA FL 32534-1819

3. Date Incorporated or Qualified  
**12/15/1993**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **11562 Clearcreek Drive**

26 **11562 Clearcreek Drive**

4. FEI Number  
**59-3221741**

Applied For  
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State  
**Pensacola, FL**

28 City & State  
**Pensacola, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip  
**32514**

25 Country  
**USA**

29 Zip  
**32514**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASSEF, DANNA M  
301 W. NINE MILE RD.  
PENSACOLA FL 32534-1819**

81 Name  
**Josh D. Nassef**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11562 Clearcreek Drive**

83

84 City  
**Pensacola**

FL

85 Zip Code  
**32514**

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

Signature, typed or printed name of new registered agent and title, if applicable

(If FEI: Registered Agent Signature required when re-registering)

DATE

*8/1/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NASSEF, DANNA M</b>	
STREET ADDRESS	<b>301 W. NINE MILE RD.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32532</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NASSEF, NAMON A</b>	
STREET ADDRESS	<b>301 W. NINE MILE RD.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32532</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Nassef, Josh D.</b>	
1.3 STREET ADDRESS	<b>11562 Clearcreek Drive</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>	
2.1 TITLE	<b>ST/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Nassef, Damian A.</b>	
2.3 STREET ADDRESS	<b>11562 Clearcreek Drive</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/1/96*

DATE

OFFICER OR DIRECTOR

CR2E034 (3/96)