

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000151 (8)

1. Corporation Name

A.C.R. ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

Mailing Address

55 SOUTH MAIN ST
STE-D
ALACHUA FL 32615
US

P O BOX 1029
ALACHUA FL 32615
US

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
06/13/1995

4. FEI Number

59-3225073

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, GARY C
ROUTE 2, BOX 570
LAKE CITY FL 32055

81 Name

WARREN, GARY C

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

RT. 1 BOX 1870

83

84 City

O'BREEN

FL

85 Zip Code

32071

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

Gary C. Warren

(Signature Required for Agent Signature Required when Notifying)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
WARREN, GARY C
STREET ADDRESS
ROUTE 2, BOX 570
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
VP
JORDAN, CHARLIE T
STREET ADDRESS
55 SOUTH MAIN ST STE-D
CITY-ST-ZIP
ALACHUA FL

TITLE ☐ DELETE

NAME
S
WARREN, TAMMIE C
STREET ADDRESS
RT 2 BOX 570
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RT 1, BOX 1870
O'BREEN FL. 32071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

WARREN, TAMMIE C
RT. 1, BOX 1870
O'BREEN FL. 32071

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary C. Warren GARY C. WARREN

(Signature and Typed or Printed Name of Signing Officer or Director)

1-29-96

DATE

(904) 935-0476

Display Phone

CR2E034 (12/95)