

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90203 021 \*\*\*150.00

## DOCUMENT # P9400001959

1. Corporation Name

BOCK ENVIRONMENTAL SERVICES, INC.

, ,	•							
Principal Place	e of Business	Mailing Addre		-		1   100  100  100  100  100  100  10	iik Edidi Hain Haisi B	1110 IBI) 1801
3108 ROLLING ACRES PLACE . 3108 ROLLING ACRES			ACRES PLACE	<b>ICE</b>				
SUITE A SUITE A VALRICO FL 33594 VALRICO FL 33594			13504			DO NOT WRITE IN THIS SPACE		
VALNOO 1 L 33354					Date incorporated or Qualifed			
						01/01/1994		
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	App	lied For
21		26		_		59-3217365	Not	Applicable
Suite, Apt.	#, etc	. Suite, Apt	t. #, etc.		:	5. Certificate of Status Desired	÷ - \$8.75 A	
22		27				<u>.</u>	Fee Rec	
City & State City & State			ate			6. Election Campaign Financing	\$5.00 i	•
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	<u></u>	Country		8. This corporation owes the current year		□No
24	25	29	30	<u> </u>		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agei	nt	81	Name	10. Name and Address of New Register	id Age	
BOO	K, STEPHAN G			"				
3108 ROLLING ACRES PLACE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE A				83		<del></del>		
VALRICO FL 33594								
,				84	City		85 Zip C	ode
44	to the providing of Costions CO7 OF	02 and 607 1509 E	lorida Statutes	the above	-named com	poration submits this statement for the number	of changing its r	registered
office or r	egistered agent or both in the State	of Florida Such ch	range was autho	ionzed by t	he corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 60	17.0505, Florida	a Statutes.				
SIGNATURE	Clareture hand as printed name of regentered 900	ent and title If annicable	(NOTE: Re	nistered Anent	signature require	d when reinstating) . DATE		
Signeture, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P		DELETE	1.1 TITLE			Change	☐ Addition
NAME :	BOCK, STEPHAN G			1.2 NAME				
STREET ADDRESS	3108 ROLLING ACRES PLACE	•	ı	1.3 STREET	ADDRESS .			Į
CITY-ST-ZIP	VALRICO FL			1.4 CITY-ST	-ZIP			
TITLE .			DELETE	2.1 TITLE			Change	☐ Addition
NAME				2.2 NAME		•		}
STREET ADDRESS			-5	2.3 STREET	ADDRESS		5-	_ ~
CITY-ST-ZIP		-		2.4 CITY-S	r-zip			
TITLE			DELETE	3.1 TITLE			, 🔲 Change	Addition
NAME			ı	3.2 NAME				
STREET ADDRESS				3.3 STREET	4 DODE 00			
CITY-ST-ZIP			L L		ADDRESS			
TITLE				3.4. CITY-S1				
NAME			DELETE	3.4. CITY-ST 4.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			] DELETE				☐ Change	☐ Addition
O DALLETT DELLEGE			] DELETE	4.1 TITLE	r-zip		☐ Change	☐ Addition
CITY-ST-ZIP	·			4.1 TITLE 4. 2 NAME	ADDRESS		· · · · · · · · · · · · · · · · · · ·	
			] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS -ZIP		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS -ZIP ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE NAME			] delete	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	orthogo Sin No.		] delete	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS -ZIP  ADDRESS -ZIP		☐ Change	☐ Addition

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: