

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000022908 (5)

1. Corporation Name

POLLUTION PREVENTION SERVICES, INC.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O JEAN-PIERRE DELORT
10204 3RD STREET E.
TREASURE ISLAND FL 33706**

Mailing Address: **C/O JEAN-PIERRE DELORT
10204 3RD STREET E.
TREASURE ISLAND FL 33706**

3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report
4. FEI Number 59-3243131	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. 190 (1995) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 4515 Oak Fair Boulevard	26 4515 Oak Fair Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 103	27 Suite 103
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip	Zip
24 33610	29 33610
County	County
25 Hillsborough	30 Hillsborough

9. Name and Address of Current Registered Agent

**LUBRANO, ANDREW J
101 E. KENNEDY BLVD.
SUITE 3700 - BARNETT PLAZA
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P/D ☐ Change ☒ Addition
NAME		12 NAME	Alonge, Joseph P
STREET ADDRESS		13 STREET ADDRESS	4515 Oak Fair Boulevard, Suite 103
CITY, ST, ZIP		14 CITY, ST, ZIP	Tampa, Florida 33610
TITLE		21 TITLE	VP/S/D ☐ Change ☒ Addition
NAME		22 NAME	Otero, Charles A.
STREET ADDRESS		23 STREET ADDRESS	4515 Oak Fair Boulevard, Suite 103
CITY, ST, ZIP		24 CITY, ST, ZIP	Tampa, Florida 33610
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Ripa, Frank P.
STREET ADDRESS		33 STREET ADDRESS	4515 Oak Fair Boulevard, Suite 103
CITY, ST, ZIP		34 CITY, ST, ZIP	Tampa, Florida 33610
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Tolbert, Robert D., Jr.
STREET ADDRESS		43 STREET ADDRESS	4515 Oak Fair Boulevard, Suite 103
CITY, ST, ZIP		44 CITY, ST, ZIP	Tampa, Florida 33610
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 or merged, or on an attachment with an address.

SIGNATURE: *Joseph P. Alonge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph P. Alonge, President

(813) 628-8990
Tallahassee, Florida

CR2E034 (3/95)