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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 10:57

DOCUMENT # **P94000085792 (7)**

1. Corporation Name

ECOLOGICAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~5904 GENEGAL DR.~~ ~~JUPITER FL 33458~~ 824 US Route 1, Suite 220 North Palm Beach, Florida 33408	~~5904 GENEGAL DR.~~ 824 US Route 1 ~~JUPITER FL 33458~~ Suite 220 North Palm Beach Florida 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1994	3a. Date of Last Report:
4. FEI Number: 650543719	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 824 US Route 1	26 824 US Route 1
22 Suite 220	27 Suite 220
23 North Palm Beach, Florida	28 North Palm Beach, Florida
24 Zip 33408 25 County U.S.A.	29 Zip 33408 30 County U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOLPE, MICHAEL J ESQ 4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 _____ DATE
(Signature, name & printed name of registered agent and the date signed) (New Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS (Check One)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WREN, CHISTOPHER D	12 NAME	
STREET ADDRESS	361 SOUTHGATE DR.	13 STREET ADDRESS	
CITY ST ZIP	GUELP, ONTARIO, CA N1G 3M5	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	HAGARTY, JEROME M	22 NAME	
STREET ADDRESS	361 SOUTHGATE DR.	23 STREET ADDRESS	
CITY ST ZIP	GUELP, ONTARIO, CA N1G 3M5	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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)(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 any attachment with an address.

SIGNATURE: _____ 519-736-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0000200 CP