## 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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P9500000156 (6)

ENVIRONMENTAL GEOSCIENCE & ENGINEERING OF JACKSO NVILLE, INC.

| NVILLE                     | , INC.   |  |   |   | A COM CENTRAL CONTRACTOR AND A COMPANION         |
|----------------------------|--|--|---|---|--|
| Principal Place            | e of Business  | Mailing Address                              |   | 1 150 100 101 1014 0111 10111 01111   | BANN DARN BANK BARAN NIDAN BAHA <b>a</b> nn 1881 |
| 1750 ROGERO<br>JACKSONVILL |  | P.O. BOX 8687<br>JACKSONVILLE FL 3223        | 39                                      |   |  |
|                            |  |  |   | 3. Date Incorporated or Qualified 01/03/1995  | d 3a. Date of Last Report                        |
|                            | lace of Business   | 2a. Mailing Address                          |   | 4. FEI Number   | Applied For                                      |
|                            | Tresca Road  | 26   |   | 59-328814   | Not Applicable                                   |
| Suite, Apt.                | π, ειο.  | Suite, Apt # etc                             |   | 5. Certificate of Status Desired  | \$8.75 Additional                                |
| 22 Sw+<br>City & State     | e 300  | 27   |   |   | L_ Fee Required                                  |
| 23 Jac                     | ksonville  | City & State                                 |   | 6. Election Campaign Financing  | \$5.00 May Be                                    |
| Zip                        | Country  | Zip  | Country                                 | Trust Fund Contribution   | Added to Fees                                    |
|                            | 25 25 Z5   | 29   | 30                                      | 8. This corporation has liability to<br>Florida Statutes                                | or intangible tax under s. 199.032,<br>Yes 💢 No  |
|                            | 9. Name and Address of Curre                                     |  | 1001                                    | 10. Name and Address of New F   |  |
| SM                         | ITH, JAMES O JR  |  | 81 Nanie                                |   |  |
|                            | 28 FEATHER OAKS DRIVE EAST                                       | •  | B2 Street A                             | Address (P.O. Box Number is Not Accept  | ob a   |
|                            | XSONVILLE FL 32211   |  | July Street                             | address (r.o. box Namber is Not Accept  | acre)  |
|                            |  |  | 83                                      |   |  |
|                            |  |  | 84 City                                 |   | ar Zo Codo                                       |
|                            |  |  |   |   | FL 85 Zip Code                                   |
| onice or n                 | euisterea abem of nom in the State                               | OF FIORIDA SHOD CDADDO WAS                   | autoouzed by the corne                  | orporation submits this statement for the<br>ration's board of directors. I hereby acce | purpose of changing its registered               |
| agent Lai                  | m familiar with, and accept the oblig                            | ations of, Section 607.0505, F               | lorida Statutes                         | ration a bound or directors. Thereby acce   | prine appointment as registered                  |
| SIGNATURE:                 | <del></del>  |  |   |   |  |
| 12.                        | Signative type for protect name of ray several age OFFICE DS. AN | -otacidite inapplicable (No<br>ID DIRECTORS  | 111. Hog veral/April signature i<br>13. |   | (14) (   |
| THILE                      | D OF IGENS AN  | DELETE                                       | 1 1 TIFLE                               |   | FICERS AND DIRECTORS IN 12  Change Addition      |
| NAME                       | SMITH, LEAH V  |  | 1.2 NAME                                | S/T/D   | Change Appron                                    |
| STREET ADDRESS             | 3828 FEATHER OAKS DR. E.   | AST  | 1.3 STREET ADDRESS                      |   |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32277  |  | 14 CITY ST-ZIP                          |   |  |
| TITLE                      | D  | DELETE                                       | 21 Tille                                | PID   | Change Addition                                  |
| NAME                       | SMITH, JAMES O JR  |  | 2.2 NAME                                | 1,70  |  |
| STREET ADDRESS             | 3828 FEATHER OAKS DR. E  | AST  | 2 3 STREET ADDRESS                      |   |  |
| CITY - S1 - ZIP            | JACKSONVILLE FL 32277  |  | 2 4 CITY - ST ZIP                       |   |  |
| TITLE                      |  | DELFIE                                       | 3 1 TITLE                               |   | Change Addition                                  |
| NAME                       |  |  | 3.2 NAME                                |   |  |
| STREET ADDRESS             |  |  | 3.3 STREET ADDRESS                      |   |  |
| CITY-ST-ZIP<br>TITLE       |  | Dritte                                       | 34 CITY-ST-7IP                          |   |  |
| NAME                       |  | DELETE                                       | 4 1 TITLE                               |   | Change Addition                                  |
| STREET ADDRESS             |  |  | 4 2 NAMÉ                                |   |  |
| CITY-ST-ZIP                |  |  | 43 STREFT ADDRESS                       |   |  |
| TITLE                      |  | DELETE                                       | 4.4 CITY - ST - ZIP<br>5.1 TITLE        |   | Change Addition                                  |
| NAME                       |  |  | 5.2 NAME                                |   | orange Alintian                                  |
| STREET ADDRESS             |  |  | 5 3 STREET ADDRESS                      |   |  |
| CITY - ST - ZiP            |  |  | 5.4 CITY - ST - 7iP                     |   |  |
| TITLE                      |  | DELETE                                       | 6 1 TITLE                               |   | Change Addition                                  |
| NAME                       |  |  | 6 2 NAME                                |   |  |
| STREET ADDRESS             |  |  | 6.3 STREET ADDRESS                      |   |  |
| CITY - ST - ZIP            |  |  | 6.4 CITY - ST - ZIP                     |   |  |
| TORRIER CEI                | uny inar ine maomanan'i Pidicaled de                             | This abbual report or supplied               | iontal aggual report is to              | quality for the exemption stated in Section<br>ue and accurate and that my signature st | hat have the capital card off at an it           |
| made und                   | ier daur, mai i am an oricer of birect                           | or or the corporation or the rec             | ceiver or trustee embowi                | ered to execute this report as required by  | v Chapter 617, Florida Statutes, and             |
| maximy Ha                  | inie appears in Block 12 or Block 13                             | н унап <b>у⊮</b> н, <b>ул</b> оп ап ацасп∕те | an with an address                      |   |  |

SIGNING OFFICER OR DIRECTOR

(904) 724-9300