FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000004580

ENVIRONMENTAL SUPPORT SERVICES, INC.

Principal Place of Business Mailing Add			ddress				20111 27201		•••
1003 PIEDMONT	T DRIVE	1003 PIEDMONT DRIVE							
TALLAHASSEE	FL 32312	TALLAHASSEE FL 32312				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/18/1995			1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			
24	0.000	26				59-3294081	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			ional
22		27			;	5. Certificate of Status Desired	Fee	Requir	ed
City & State		City & State				6. Election Campaign Financing 55.00 May Be			
23		28				Trust Fund Contribution	Add	led to Fe	ees
Zip	Country	Zip		untry	•	8. This corporation owes the current year I			
24	25	29	30			Personal Property Tax.	Yes		40
	9. Name and Address of Current	Registered Agent		81	Alama	10. Name and Address of New Registere	Agent		
AT\A/	OOD-GORHAM, BONITA			01	Name			_	
	PIEDMONT DRIVE				Street Add	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32312			83					
IAL	ATTAGOLL TE 32312			03					
				84	City	F	85	Zip Code	•
		1007 4500 51 /4	D	-1			f changin	n ite reni	stered
office or r	colletered agent or both in the State o	of Florida, Such chand	e was authoriza	ed by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	intment a	s registe	ered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.03	505, Florida Sta	atutes	3.				
SIGNATURE			AIOTE Desertes	-d A	et elegatura requir	red when reinstating) DATE			— 1
12	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Register		nt signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	IN 12
12.	P	DEI		TITLE			☐ Char	nge [Addition
NAME	ATWOOD-GORHAM, BONITA			NAME					ľ
	1003 PIEDMONT DRIVE	· · · · · · · · · · · · · · · · · · ·			T ADDRESS				
STREET ADDRESS	TALLAHASSEE FL 32312			CITY-S	1				}
CITY-ST-ZIP TITLE	VP	□ DE	DELETE 2,1 TIT				Cha	nge [Addition
NAME	GORHAM, JOHN PETER	=		NAME					. }
STREET ADDRESS	4000 DIEDMONIT DONIE				TADDRESS				
	THE STATE OF THE SECOND		CITY-S						
TITLE"	TALLATIAGGE TE GEGTE	DE		TILE			Cha	nge 🗀 [Addition:
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	TADORESS				
CITY-ST-ZIP			3.4	CITY-S	ST-ZiP				
TITLE		☐ DE		TITLE			☐ Cha	nge [Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		□ DE		TITLE			Cha	nge [Addition
NAME			5.2	NAME					
STREET ADORESS			5.3	STREE	T ADDRESS]
CITY-ST-ZIP			5.4	CITY-S	ST-ZIP				
TITLE		☐ DE	LETE 6.1	TITLE		 :	Cha	nge [Addition
NAME			6.2	NAME					
CTDEET ADDOESS	{		6.3	STREE	TADDRESS				1

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

STREET ADDRESS



(850)3868085

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90101 035 ***150.00