

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011848 (5)

1. Corporation Name

REMEDIATION ASSOCIATES, INC.



Principal Place of Business

1630 CLARE AVE.
WEST PALM BEACH FL 33401

Mailing Address

1630 CLARE AVE.
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 8965 S.E. BRIDGER RD

Suite, Apt. #, etc.

22 SUITE 204

City & State

23 HOBE SOUND, FL

Zip

24 33455

Country

25 MARTIN

2a. Mailing Address

26 P.O. BOX 0630

Suite, Apt. #, etc.

27

City & State

28 HOBE SOUND, FL

Zip

29 33475-0630

Country

30 MARTIN

4. FEI Number

65-0553814

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. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

SIGLER, PAUL D
1630 CLARE AVE.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name PAUL D. SIGLER

82 Street Address (P.O. Box Number is Not Acceptable)

9550 S. OCEAN DR. #409

83

84 City JENSEN BEACH

FL

85

Zip Code 34957

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

Signature, typed or printed name of registered agent and title as applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME PAUL D. SIGLER

1.3 STREET ADDRESS 9550 S. OCEAN DR. #409

1.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

2.1 TITLE SR. V.P. ☐ Change ☒ Addition

2.2 NAME WALTER J. BARROW, JR.

2.3 STREET ADDRESS 87 BALFOUR ROAD

2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME PAUL D. SIGLER

3.3 STREET ADDRESS 9550 S. OCEAN DR. #409

3.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

4.1 TITLE TREASURER ☐ Change ☒ Addition

4.2 NAME GRACIE M. TABONE

4.3 STREET ADDRESS 467 N.W. WHITMORE DRIVE

4.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

Paul D. Sigler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (407) 546-4884

Date

Telephone

CR2E034 (12/95)