

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031020 (7)

1. Corporation Name

ATLANTIC GEOTECHNICAL & ENVIRONMENTAL SERVICES,
INC.



Principal Place of Business

378 AHERN STREET
ATLANTIC BEACH FL 32233

Mailing Address

378 AHERN STREET
ATLANTIC BEACH FL 32233

2. Principal Place of Business

21 645 MAYPORT ROAD, 3D

Suite, Apt. #, etc

22 ATLANTIC Bch, FL

City & State

23

Zip

24 32233

Country

25 USA

2a. Mailing Address

26 645 MAYPORT RD

Suite, Apt. #, etc

27 SUITE 3D

City & State

28 ATLANTIC Bch, FLA

Zip

29 32233

Country

30 USA

3. Date Incorporated or Qualified
04/20/1995

3a. Date of Last Report

4. FEI Number

59-331 0655

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

CRABTREE, R.R.
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name

BILL MCMAHAN JR

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

2455 BUFFORD DRIVE

83

84 City

ATLANTIC BEACH

FL

85 Zip Code

32224

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

B. McMahon

PRESIDENT

4/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CRABTREE, R.R.
STREET ADDRESS 8375 DIX ELLIS TRAIL, SUITE 401
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 D/P/T ☐ Change ☒ Addition
1.2 NAME BILL MCMAHAN JR
1.3 STREET ADDRESS 2455 BUFFORD DRIVE
1.4 CITY-ST-ZIP JACKSONVILLE
ATLANTIC BEACH, FLA 32224

2.1 TITLE Y ☐ Change ☒ Addition
2.2 NAME STEPHEN R. WEAVER
2.3 STREET ADDRESS 7739 PRAYER DRIVE W.
2.4 CITY-ST-ZIP JACKSONVILLE, FLA, 32217

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 700001808807
-05/06/96--01029--036

5.1 TITLE ***200.00 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

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:

B. McMahon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

DATE

904-249-7002

Daytime Phone #

CR2E034 (12/95)