

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
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DOCUMENT # P95000041108 (8)

1. Corporation Name

SEMEX OF TALLAHASSEE, INC.
Applied Environmental Sciences, Inc.

12-6-95



Principal Place of Business

3536 GARDENVIEW WAY
TALLAHASSEE FL 32308

Mailing Address

3536 GARDENVIEW WAY
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
05/25/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Tallahassee

26 3536 Gardenview

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3535 Gardenview Way

27 Way

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32308

25 Leon

29 32308

30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CEKIRGE, H M
3536 GARDENVIEW WAY
TALLAHASSEE FL 32308

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

[Signature]

Feb. 19, 1996

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

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	H. M. Cekirge	
STREET ADDRESS	3536 Gardenview Way	
CITY-STATE-ZIP	Talla, FL 32308	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Z. S. Cekirge	
STREET ADDRESS	3536 Gardenview Way	
CITY-STATE-ZIP	Talla, FL 32308	
TITLE	Managing Director	<input type="checkbox"/> DELETE
NAME	N. Cekirge	
STREET ADDRESS	3536 Gardenview Way	
CITY-STATE-ZIP	Talla, FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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***200.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 1996

Date

Daytime Phone #

804-668-3858
804-644-6267

CR2E034 (12/95)