

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000042544 (3)

1. Corporation Name

GROUNDWATER CONTROL, INC.



Principal Place of Business

Mailing Address

1000 WILBRAHAM ROAD
SPRINGFIELD MA 01109

1000 WILBRAHAM ROAD
SPRINGFIELD MA 01109

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 754 Harrison Avenue

26 754 Harrison Avenue

4. FEI Number

59-3317723

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32220

25

29 32220

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BOCCHINO, WILLIAM
STREET ADDRESS 1000 WILBRAHAM ROAD
CITY-ST-ZIP SPRINGFIELD MA 01109

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME Bocchino, William
1.3 STREET ADDRESS 754 Harrison Avenue
1.4 CITY-ST-ZIP Jacksonville, Florida 32220

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☐ Addition
2.2 NAME Jeffrey Haluch
2.3 STREET ADDRESS 754 Harrison Avenue
2.4 CITY-ST-ZIP Jacksonville, Florida 32220

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Secretary/Director ☐ Change ☐ Addition
3.2 NAME Elizabeth, Bocchino
3.3 STREET ADDRESS 754 Harrison Avenue
3.4 CITY-ST-ZIP Jacksonville, Florida 32220

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

William Bocchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bocchino, President 4/25/96 904-783-2411

Date

Daytime Phone #

CR2E034 (12/95)