

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morfham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000069036 (8)

1. Corporation Name

SUNCO ENVIRONMENTAL SERVICES INC.



Principal Place of Business

188 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890

Mailing Address

188 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3334080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MARTIN, A. P.
14 N DESOTO AVE
ARCADIA FL

81 Name

A.P. MARTIN

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

1531 CLOVER ST

83

84 City

ARCADIA

FL

85 Zip Code
33921

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

A.P. Martin

A.P. MARTIN

U.P./COMP

4-29-96

Signature (Typed or Printed Name of Agent or Director)

NOTE: Registered Agent Signature required when changing

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP

REESE, ROBERT
188 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV

ANDRES, PETER N
401 W OAK ST
ARCADIA FL 33821

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS

REESE, JANICE E
188 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☒ Addition

*U.P./COMP -
A.P. MARTIN
1531 CLOVER ST
ARCADIA, FL. 33921*

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

A.P. Martin

A.P. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (941) 993-0099

Date

Daytime Phone #

CR2E034 (12/95)