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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21 2994 CLIFTON BRYAN RD

Suite, Apt. #, etc.

22 Zolfo Springs

City & State

23 FL

Zip

24 33890

Country

2a. Mailing Address

26 2994 CLIFTON BRYAN RD

Suite, Apt. #, etc.

27 Zolfo Springs

City & State

28 FL

Zip

29 33890

Country

30

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3334080

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

A.P. MARTIN
1531 CLOVER ST
ARCADIA FL 33831

10. Name and Address of New Registered Agent

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME REESE, ROBERT
STREET ADDRESS 188 CLIFTON BRYAN RD
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☐ DELETE

NAME DV ANDRES, PETER N
STREET ADDRESS 401 W OAK ST
CITY-ST-ZIP ARCADIA FL 33821

TITLE ☐ DELETE

NAME OS REESE, JANICE E
STREET ADDRESS 188 CLIFTON BRYAN RD
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☐ DELETE

NAME VCOM A.P. MARTIN
STREET ADDRESS 1531 CLOVER ST
CITY-ST-ZIP ARCADIA FL

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janice E. Reese* *Janice E. Reese* 4-14-97 (941)993-0099

CR2E034 (9/96)