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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secret ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600003830

1. Corporation Name

ACTION ENVIRONMENTAL SERVICES, INC.

| Principal Place of Business Mailing Address |                                                     |                                        |              |              |                                         | T I I BALL BALL LIG COLUM BALLI DALLI                                        | 1 98111 29          | 111 98388 11181 19199               | 11919 ##11 1##1        |
|---------------------------------------------|-----------------------------------------------------|----------------------------------------|--------------|--------------|-----------------------------------------|------------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------|
| 3900 NORTH US1<br>FORT PIERCE FL 34946      |                                                     | 3900 NORTH US1<br>FORT PIERCE FL 34946 |              |              |                                         | DO NOT WRIT                                                                  | É IN TI             | -IS SPACE                           |                        |
|                                             |                                                     |                                        |              |              |                                         | 3. Date Incorporated or Qualifed                                             |                     |                                     |                        |
|                                             |                                                     | ,                                      |              |              |                                         | 01/11/1996                                                                   |                     |                                     |                        |
| 2. Principal P                              | lace of Business                                    | 2a. Mailing Address                    |              |              |                                         | 4. FEI Ni mber                                                               |                     | Ap                                  | r lied For             |
| 21                                          |                                                     | 26                                     |              |              |                                         | 65-0634647                                                                   |                     | No                                  | t Applicable           |
| Suite, Act.                                 | #, etc.                                             | Suite, Apt. #, etc.                    |              |              |                                         |                                                                              |                     | \$8.75                              | \ ditional             |
| 22                                          |                                                     | 27                                     |              |              |                                         | 5. Certifcate of Status Desired                                              |                     | Fee Re                              | quired                 |
| City & State                                | e                                                   | City & State                           |              |              |                                         | 6. Election Campaign Financing                                               |                     | \$5.00                              | May Be                 |
| 23                                          |                                                     | 28                                     | _            |              |                                         | Trust Fund Contribution                                                      |                     | Added t                             | o Fees                 |
| Zip                                         | Cour try                                            | Zip                                    | Country      |              |                                         | 8. This corporation owes the curre                                           | nt year             |                                     | _                      |
| 24                                          | 25                                                  | 29 30                                  | 0            | <u>-</u> .   |                                         | Persor al Property Tax.                                                      |                     | Yes                                 | □No                    |
|                                             | 9. Name and Address of Curre                        | nt Registered Agent                    |              | r .:         |                                         | 10. Name and Address of New R                                                | egister             | ed Agent                            |                        |
| 7.5                                         | <u></u>                                             | DISCEL CUIDED                          | 81           | Name         | ÷                                       |                                                                              |                     |                                     |                        |
|                                             | LAW FIRM OF LAWRENCE J SI                           | PIEGEL CHRID                           | 82           | Stree        | t Addre                                 | ess (P.O. Bo) Number is Not Accepta                                          | ble)                |                                     |                        |
|                                             | ALMERIA AVENUE                                      |                                        |              |              |                                         |                                                                              |                     |                                     |                        |
| COR                                         | AL GABLES FL 33134                                  |                                        | 83           |              |                                         |                                                                              |                     |                                     |                        |
|                                             |                                                     |                                        | 84           | City         |                                         |                                                                              |                     | . 85 Zip C                          | Code                   |
|                                             |                                                     |                                        |              | ,            |                                         |                                                                              |                     | ┖                                   |                        |
| office crr                                  | agistared agent or both in the State                | c f Florida. Such channe was auth      | inrized by   | the con      | d corpo                                 | oration submits this statement for the parties of directors. I hereby accept | ourpose<br>t the ap | of changing its<br>cointment as rec | registered<br>gistered |
| agent. I a                                  | m familiar with, and accept the obliga              | ations of, Section 607.0505, Florida   | a Statutes   |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , ,                                        |                     |                                     | .                      |
| SIGNATUFE                                   |                                                     |                                        |              |              |                                         |                                                                              |                     |                                     |                        |
|                                             | Signature, typed or printed na ne of registered age |                                        |              | it signature | required                                | when reinstating)                                                            | DATE                |                                     | NO IN 12               |
| 12.                                         |                                                     | N() DIRECTORS                          | 13.          |              | $\overline{}$                           | ADDITIONS/CHANGES TO OFF                                                     | IUERS               | Change                              | Addition               |
| TITLE                                       | PTD                                                 | ☐ DELETE                               | 1.1 TITLE    |              |                                         |                                                                              |                     | Change                              |                        |
| NAME                                        | PASCOE, RICHARD H                                   |                                        | 1.2 NAME     |              |                                         |                                                                              |                     |                                     |                        |
| STREET ADDRESS                              | 3900 NORTH US1                                      |                                        | 1.3 STREET   |              | 3                                       |                                                                              |                     |                                     |                        |
| CITY-ST-ZIP                                 | FORT PIERCE FL 34946                                |                                        | 14 CITY-S    | T-ZIP        | +-                                      |                                                                              |                     | Change                              | Addition               |
| TITLE                                       | VSD                                                 | ☐ DELETE                               | 2.1 TITLE    |              |                                         |                                                                              |                     | Change                              | [_] Addition           |
| NAME                                        | PASCOE, DIANE I                                     |                                        | 2.2 NAME     |              |                                         |                                                                              |                     |                                     |                        |
| STREET ADDRESS                              | 3900 NORTH US1                                      |                                        | 2.3 STREET   |              | 3                                       |                                                                              |                     |                                     |                        |
| CITY-ST-ZIP                                 | FORT PIERCE FL 34946                                |                                        | 2.4 CITY-5   | T-ZIP        | <del></del>                             |                                                                              |                     | Change                              | Addition               |
| TITLE                                       |                                                     | ☐ DELETE                               | 3.1 TITLE    |              |                                         |                                                                              |                     | □ Change                            | ☐ Addition             |
| NAME                                        |                                                     |                                        | 3.2 NAME     |              |                                         |                                                                              |                     |                                     | 1                      |
| STREET ADDRESS                              | •                                                   |                                        | 33 STREE     |              | 3                                       |                                                                              |                     |                                     |                        |
| CITY-ST-ZIP                                 |                                                     |                                        | 3.4. CITY- 9 | T-ZIP        | +-                                      |                                                                              |                     | ☐ Change                            | Addition               |
| TITLE                                       |                                                     | ☐ DELETE                               | 4.1 TITLE    |              |                                         |                                                                              |                     | Change                              | ☐ Addition             |
| NAME                                        |                                                     |                                        | 4. 2 NAME    |              |                                         |                                                                              |                     |                                     |                        |
| STREET ADDRESS                              |                                                     |                                        | 4.3 STREE1   |              | 3                                       |                                                                              |                     |                                     |                        |
| CITY-ST-ZIP                                 |                                                     |                                        | 4.4 CITY-S   | T-ZIP        | +-                                      |                                                                              |                     | Clobanan                            | ☐ Addition             |
| TITLE                                       |                                                     | ☐ DELETE                               | 5.1 TITLE    |              |                                         |                                                                              |                     | Change                              | Li Addition            |
| NAME                                        |                                                     |                                        | 5.2 NAME     | L VUDULU-    |                                         |                                                                              |                     |                                     |                        |
| STREET ADDRE 3S                             |                                                     |                                        | 5.3 STREE1   |              | 3                                       |                                                                              |                     |                                     |                        |
| CITY-ST-ZIP                                 |                                                     |                                        | 5.4 CITY-S   | ı-ZIP        | +-                                      |                                                                              |                     | Charas                              | - Addition             |
| TITLE                                       |                                                     | ☐ DELETE                               |              |              |                                         |                                                                              |                     | ☐ Change                            | Addition ]             |
| NAME                                        |                                                     |                                        | 6.2 NAME     |              | _ [                                     |                                                                              |                     |                                     |                        |
| STREET ADDRESS.                             |                                                     |                                        | 63 STREE     | ADDRES       | 3                                       |                                                                              |                     |                                     |                        |

CITY-ST-ZIP 14. I 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 changes, or on any stagement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

ichard **SIGNATURE**