

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90020 005 \*\*\*150.00

DOCUMENT # **P96000077037**

Corporation Name  
**ENVIRONMENTAL HEALTH & SAFETY SERVICES, INC.**

585479 - 90020 - 5



Principal Place of Business  
**137 HARBOUR N LN  
JACKSONVILLE FL 32225**

Mailing Address  
**9378 ARLINGTON EXPRESSWAY  
SUITE 308  
JACKSONVILLE FL 32225  
US**

DO NOT WRITE IN THIS SPACE

|                             |                         |   |                                    |  |
|-----------------------------|-------------------------|---|------------------------------------|--|
| Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>09/16/1996</b>  | 4. FEI Number<br><b>59-3400640</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required     |  |
| City & State                | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees        |  |
| Zip                         | 28. Zip                 | 7. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |
| Country                     | 29. Country             |   |                                    |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEAD, KOKO  
2970 HARTLEY RD  
SUITE 104  
JACKSONVILLE FL 32257**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | <b>FL</b>    |

I, 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 reinstating)

DATE

2. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| FILE           | P                            | <input type="checkbox"/> DELETE |
| NAME           | <b>WADATZ, JAMES M.</b>      |                                 |
| STREET ADDRESS | <b>11037 HARBOUR N. LANE</b> |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL</b>       |                                 |
| FILE           | ES                           | <input type="checkbox"/> DELETE |
| NAME           | <b>WADATZ, ALICIA</b>        |                                 |
| STREET ADDRESS | <b>11037 HARBOUR N. LANE</b> |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL 44</b>    |                                 |
| FILE           |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| FILE           |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| FILE           |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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 |   |

4. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**  
Date

Daytime Phone #

CR2E034 (11/98)

585479-70000 5  
P986000077037

**Environmental Health & Safety Services, Inc.  
PMB 306  
6999-02 Merrill Rd.  
Jacksonville, FL 32277**

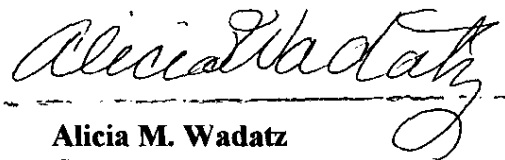
**July 1, 1999**

**Dear Mrs. Katherine Harris,**

**We did not receive this filing form until the end of June, 1999. It was placed in our post office box at Mail Boxes, Etc., Suite 308 along with two other filing forms for other companies we have never heard of. I returned those forms to the agents for Mail Boxes, Etc.**

**I spoke to our accountant on July 1, 1999, regarding this filing form. He advised me to write a letter to you explaining why we are late. I think a late fee of \$400.00 is a rather stiff penalty, particularly when it was not our fault that the form arrived after the May 1, 1999, deadline. Therefore, I am remitting the usual \$150.00. Thank you.**

**Sincerely,**



**Alicia M. Wadatz  
Secretary**

**JMW/AMW**