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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090911 (4)

AS 97 ENVIRONMENTAL, INC.

20 KINSMEN DRIVE 20 KINSMEN DRIVE WINTER HAVEN FL \$3884 WINTER HAVEN FL 33884-3082 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Numba Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζιρ Country This corporation has liability for intangible tax under s. 199.032, ☑ Yes ☐ No Florida Statutes 24 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 CINICOLA, CLARA M Name 20 KINSMEN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 83 84 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 (NOTE Brigistered Agen; signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. DELETE Change Addition TITLE 1.1 TITLE ALMOND, JERRY W NAME 1.2 NAME 20 KINSMEN DRIVE STREET ADDRESS 13 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY - S1 - 7)P DELETE TITLE 2.1 THE Change ___ Addition CINICOLA, CLARA M NAME 2.2 NAME 20 KINSMEN DRIVE STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE ☐ Change Addition 3.1 TO LE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

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 path; 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 18 if chapted, or on an altrachment with an address

5.2 NAME

6 1 1014

62 NAME

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

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS