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FLORIDA DEPARTMENT OF STARE

Sandra B. Morthage Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P96000090911 (4)					SECRETARY OF STATE TALLAMASSEE, IT ORIDA	
•		0000011 (4)			1VIT WALLEY	
AS 97 E	INVIRONMENTAL, INC.			·, ;	A CONTINUE STATEMENT OF A CONTINUE OF THE CONT	
				<i>'</i> :		
Principal Place of Business Mailing Address						
20 KINSMEN DRIVE 20 KINSMEN DRIVE						
WINTER HAVE	N FL 33884	WINTER HAVEN FL 33884			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
	u Tro	1			11/01/1996	
2. Principal F 1	lace of Business	2a. Mailing Address 26			4. FEI Number 1991. 2444. Applied For Not Applied be	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Fil \$8.75 Additional	
2	- .	27			5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
3 	- Country	28 Zip	Country	,	1 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
4	25	1 1	30		Personal Properly Tax due June 30. Yes X No	
	9. Name and Address of Curi	rent Registered Agent		1	10. Name and Address of New Registered Agent	
	COLA, CLARA M		81	Name	<u> </u>	
	KINSMEN DRIVE TER HAVEN FL 33884		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
44114	TEN THYEN TE 33004		83			
			84	City	■ 85 Zip Code	
	n uner			'		
 Pursuan office or 	I to the provisions of sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statutes ate of Florida. Such change was au	, the above- thorized by	named corporate the corporate	oration submits this statement for the purpose of changing its registered lion's board of directors. I hereby accept the appointment as registered	
agent 1.	am familiar with, and accept the ob	ligations of, section 607.0505, Flor	ida Statutes	S		
SIGNATURE	Signature, type d or pointed name of registered a	CON) offendige if applicable (NOT	£ : Rogistered A	.gont signature rei	quired when reinstating) [IATE	
12. 🔪	OFFICERS.	AND DIRECTORS	13.	. 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ME	D IFONY W	DELETE	1.1 TITLE		Change Addition	
NAME Name of appropries	ALMOND, JERRY W 20 Kinsmen Drive		1.2 NAME 1.3 STREET	ADDOLES		
STREET ADDRESS Dity-ST-ZIF	WINTER HAVEN FL 33884		1.4 Cil Y-S1			
HTLF	D	DELETE	2 1 TITLE		Change Addition	
MAM	CINICOLA, CLARA M	1 12000	2.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	20 KINSMEN DRIVE		23 STREFT	ADDRESS		
711Y-\$1-7IP	WINTER HAVEN FL 33884	r 1	2.4 CHY-ST	-ZIF	· · · · · · · · · · · · · · · · · · ·	
1111 €		DETETE	3171111		Change [
NAME			3.2 NAME 3.3 STREET	ADDECC		
STREET ADDRESS DITY-ST-ZIP			34 CITY-S1			
IUTI NUTI	_	DELETE	411011	1.4."	Change Addition	
NAME		[]	4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
OTTY-ST-ZIP			4.4 CHY \$1	1-21P	- the second	
TITLE		DELETE	5.1 TITLE	ĺ	Change [] Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ĺ	10/0/40	
DITY-ST-ZIP	- ·	Γ Ί	5.4 CITY-ST 6.1 TITLE	-ZIF'	The second secon	
HTLF NAME			6.2 NAME		Change [Addition	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-\$1-74P			6.4 C/TY-ST		DEP. \$550.00	
14 I barabu a	t	ith this filing done not qualify for the	*		clion 110 07/3)(i) Florida Statutos I further certify that the information	

I hereby cortify 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 charged, or on an attrictment with an address.