FILE	: NOW:\FILING FEE	AFTER MAY 1ST IS	\$550.00				
COP	PROPITION AL REPORT 1998	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		100 PC 10		
DOCUMENT # P960000 93218				98 JUL 28	98 JUL 28 PH 2: 49		
1. Corporation Namo  CARTER ENVIRONMENTAL SERVICES, INC.				SECRETARY FALLAHASS	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place	$\mathcal{D}_{\cdot \cdot \cdot}$	Mailing Address 9 Gove Ro Malbourne	and E	DO NOT WRITE	IN THIS SPACE		
			3295	I 9 Data Incorporated or Culatitad			
	lace of Business	2a. Mailing Address		A EEI Number	— <b>-</b>	Applied For	
21 Suite, Apt.	# ato	Suite, Apt #, etc.		59.34124	1 60	Not Applicable	
22 Suite, Apr.	#, B(C)	27 Suite, Apr. #, etc.		Certificate of Status Desired		.75 Additional se Required	
City & State	8	City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Žip	Country	Zip	Country	8. This corporation owes or has pa	id the current ye	ar Intangible	
24	9. Name and Address of Curr		30}	Personal Property Tax due June  10. Name and Address of New Re		No	
11. Pursuant office or r	ogistered agent, or both, in the Sta m familiar with, and accopt the ob	502 and 607.1508, Florida Statutes te of Florida. Such change was au igations of, Section 607.0505, Flori	ithorized by the corpida Statules.	corporation submits this statement for the p poration's board of directors. I hereby accep	of the appointme	Zip Code ging its registered int as registered	
12.	Signature, typied or printed name of registered OFFICERS A	agent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature 13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	CTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CARTER, JAMES 9 Gue Road Meldourn Beach, 1	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP	V Robert E. Penoyer 9 Gove Rood Malbourus Beach, Fe 3:	Ch.		
TITLE NAME STREET ADDRESS		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	4000026 -07/29/9 *****61	∟J Cha	ungo	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP		[] Ch		
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Chi	ange Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELÉTE	4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS		☐ Chi	ange Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		[] DELETE	6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Prode	ange Addition	
14. I hereby of indicated officer or it	certify that the information supplied on this annual report of supplemy director of the comorguon or the re	with this filing does not qualify for ntal angular report is true and accur could be trusted empowered to ex	the exemption state rate and that my sig recute this report as	d in Section 119 07(3)(i), Florida Statutes. I nature shall have the same legal effect as if required by Chapter 607, Florida Statutes;	further certify that made under oat and that my nam	at the information th; that I am an ne appears in	