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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90082 015 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000689

1. Corporation Name

ATRA OCCUPATIONAL AND ENVIRONMENTAL SERVICES, INC



Principal Place of Business

Mailing Address

**MAGNOLIA CENTRE I
1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR
TALLAHASSEE FL 32301**

**MAGNOLIA CENTRE I
1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/03/1997

4. FEI Number

59-3418627

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed in line of registered agent; and title if applicable.

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WERNKE, MICHAEL J**
STREET ADDRESS **534 MEADOW RIDGE**
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **VPSD** ☐ DELETE
NAME **BUDINSKY, ROBERT A**
STREET ADDRESS **2665 NOBLE DRIVE**
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **VPTD** ☐ DELETE
NAME **SCHELL, JOHN D**
STREET ADDRESS **9247 OAKFAIR DRIVE**
CITY-STATE-ZIP **TALLAHASSEE FL 32311**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **VPTD** ☐ DELETE
NAME **John Harbison**
STREET ADDRESS **2355 Surf Road**
CITY-STATE-ZIP **Panacea FL 32346**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE **VPD** ☐ DELETE
NAME **Ed Lynch**
STREET ADDRESS **1203 Governors Sq. Blvd. 6th Floor**
CITY-STATE-ZIP **Tallahassee FL 32301**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE **VPTD** ☐ DELETE
NAME **Dennis Brown**
STREET ADDRESS **4501 Tamiami Trail North #200**
CITY-STATE-ZIP **Naples Florida 34103**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☒ Addition

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John T. Harbison

4-24-99

(850) 309-0022

CR2E034 (11/98)

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