**FILED** 

Mar 08, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000010647

1. Corporation Name

APEX EN	ivironmental enginee	:RING & CON	<i>I</i> PLIANCE,	INC						
Principal Place	e of Business	Mailing A	ddress		-		J 10011001 (to 1011) tout and series and	I MAILLY MAINT II I	III 44149 41611 W	#17 1947 (#4)
933 LEE ROAD		933 LEE R	OAD							
SUITE 401		Suite 401								
ORLANDO FL 3	2810	ORLANDO	FL 32810				DO NOT WRIT	E IN THIS S	PACE	
US		US					3. Date Incorporated or Qualifed			
				_			01/31/1997	<del>_</del>	1 1 4	lied For
2. Principal Pl	lace of Business		g Address				4. FEI Number 59-3436291		<u> </u>	Applicable
21		26		_		_	09-04-002-91		\$8.75 A	
Suite, Apt.	#, etc.	<del> </del> 1	Suite, Apt. #, etc.				5. Certifcate of Status Desired		—Fee Rec	
City & State	<u> </u>	27	State				- Floring Compaign Figureing		\$5.00	·
	e	<u> </u>	Jiale				Election Campaign Financing     Trust Fund Contribution		Added to	
Zip	Country	28   Zip		Cou	ntry		8. This corporation owes the curre	nt vear Intai		
	25	29		30	•		Personal Property Tax.		∐Yes [	ĭNo
24	g. Name and Address of Curi		Agent	1001			10. Name and Address of New Ro	egistered A	gent	
					81	Name				}
	GAS, ROD E			Ì	82	Ctroot Addr	ess (P.O. Box Number is Not Acceptate	<u></u>		
933 LEE ROAD				02	Street Addi	ess (F.O. Box Number is Not Acceptate	,,,			
SUITE 401				83						
ORL	ANDO FL 32810								85 Zip C	- <del></del>
					84	City		FL	85 Zip C	) July
11 Pursuant	to the provisions of Sections 607.0	3502 and 607.150	8, Florida Statu	tes, the al	bove	-named corp	oration submits this statement for the p	urpose of c	hanging its r	egistered
	egistered agent, or both, in the Sta m familiar with, and accept the obl						on's board of directors. I hereby accept	tne appoint	ment as reg	stered
•	III lamina, with, and decoy in the					00 E. VA	28645	2/24/	99	}
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicat	「化ES / <u>〉</u> E ple (NOT	E: Registered	Agent	t signature require	d when reinstating)	DATE		
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PDT		☐ DELETE	1.1 717	TLE				☐ Change	☐ Addition
NAME	VARGAS, ROD E			1.2 NA	ME	į				
STREET ADDRESS	933 LEE RD, SUITE 401		•	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP_	ORLANDO FL 32810			1.4 CF	TY-ST	r-ziP				
TITLE	VPS		☐ DELETE	2.1 TF	TLE				☐ Change	Addition
NAME	PARENT, CHRIS D			2.2 NA	ME					
STREET ADDRESS	933 LEE RD, SUITE 401			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP_	ORLANDO FL 32810			2.4 C	ITV-S	T-ZIP				
TITLE				_				_		
NAME			DELETE	3.1 TI					Change	Addition
I TOTAL			DELETE	_	īre û				Change	Addition
STREET ADORESS			DELETE	3.1 TI 3.2 N/	TLE J	ADDRESS			Change	Addition
\				3.1 TI 3.2 NA 3.3 ST 3.4. C	TLE AME TREET				<del></del> -	
STREET ADDRESS		1-	☐ DELETE	3.1 TI 3.2 NA 3.3 ST 3.4. C 4 1 TI	TLE J AME TREET TTY-S				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP		-		3.1 TI 3.2 NA 3.3 ST 3.4. C	TLE J AME TREET TTY-S				<del></del> -	
STREET ADDRESS CITY-ST-ZIP TITLE		-		3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 N	TLE TREET TILE TILE TAME				<del></del> -	
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME			DELETE	3.3 TI 32 N/2 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI	TLE TREET TLE AME TREET TLE AME TREET TY-ST	T-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.3 TI 32 N/2 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI	TLE TREET TLE TAME TREET TLE TREET TTY-ST	T-ZIP			<del></del> -	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA	TLE TREET THE TREET TY-ST TLE TY-ST TLE AME	T-ZIP T ADDRESS T-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.1 TT 32 NA 3.3 ST 34.C 41 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 52 NA 5.3 ST 5.3 ST	TLE JAME TREET TLE TREET TLE TREET TLE TREET	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		\-\frac{1}{2}	☐ DELETE	3.1 TI 32 NA 3.3 ST 34. C 41 TI 4. 2 N 4.3 ST 44. CI 5.1 TI 52 NA 5.3 ST 5.4 CI 5.4 CI 5.5 ST 5.4 CI 5.5 ST 5.4 CI	TILE TREET TITY-STITLE  AME TITY-STITLE  AME TITE  TILE  TITE  TITY-STITLE  TITY-STITLE  TITY-STITLE	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		\	☐ DELETE	3.1 TI 3.2 NA 3.3 ST 3.4 CC 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TI 5.2 NA 5.3 ST 5.4 CC 6.1 TI 6.2 NA 6.	TILE TREET TRE	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date