Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90123 031 ***158.75

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PROFIT CORPORATION , ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000026776

1. Corporation Name

000115	ENVIRONMENTAL SYSTEM	S, INC.				
Principal Place	e of Business	Mailing Address			ID (HOTO OLIN FROM ID	1918 9111 1991
1941 A ISLAND WALK WAY FERNANDINA BEACH FL 32034 US 1941 A ISLAND WALK WAY FERNANDINA BEACH FL 3203 US US			034	DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualifed		•
				03/20/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	— — · · ·	lied For
21				59-3428045		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 At	I
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00 1	· .
23				Trust Fund Contribution	Added to	Fees
Zip ──	Country	Zip	Country	8. This corporation owes the current year I		□No Ì
24	9. Name and Address of Curren		30	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curren	r Kadistelag Måellt	81 Name	10. Name and Address of Now Adgraters	<u> </u>	
	FFIN, TIMOTHY L ATLANTIC VIEW DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NANDINA BEACH FL 33034		83	-		
			84 City		85 Zip C	ode
		0 - 1 007 4500 Florida Chatata		poration submits his statement for the purpose		registered
office or r agent:	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida Statutes of Such change was autions of, Section 607.0505, Flori	thorized by the corporat da Statutes.	board of discetors. Thereby accept the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: F	Registered Agent signature requi	fed when reinstating) DATE	133	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PSD	TT DELETE	1.1 TITLE	7	Change	Addition
NAME	1 00	☐ DELETE			_	
	CHAFFIN, TIMOTHY L	□ DELEVE	1.2 NAME	ERHHINE H. CHAFFIN	_	
STREET ADDRESS	+	□ beteve	1.2 NAME	ERHHINE H. CHAFFIN		
STREET ADDRESS	CHAFFIN, TIMOTHY L	_	1.2 NAME		32034	
	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE	_	1.2 NAME 1.3 STREET ADDRESS	ERHHINE H. CHAFFIN	33034 ☐ Change	Addition
CITY-ST-ZIP	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ERHHINE H. CHAFFIN	23024	
CITY-ST-ZIP	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ERHHINE H. CHAFFIN	23024	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ERHHINE H. CHAFFIN	Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	CHAPTLY H. CHAFTLL	Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE	DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	CHAPTLY H. CHAFTLL	Change Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CHAFFIN, TIMOTHY L 857 ATLANTIC VIEW DRIVE	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CHAPTLY H. CHAFTLL	Change Change	Addition 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 the 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 of fustee supplemental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an adaching fit with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP