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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043566 (3)

1. Corporation Name

HAZARD MITIGATION AND RECOVERY SERVICES INCORPORATED

Principal Place of Business

Mailing Address

345 S MAGNOLIA DR. SUITE E-25
TALLAHASSEE FL

P O BOX 6476
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

59-3447622

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1300 Executive Center Dr.

Suite, Apt. #, etc.

22 202 Suite

City & State

23 Tallahassee

Zip

24 32301

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Tallahassee

Zip

29 32301

Country

30

9. Name and Address of Current Registered Agent

EVANS, DANIEL W
7962 TALLEY ANN DR
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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

Daniel W. Evans

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20, 1998

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME EVANS, DANIEL W
STREET ADDRESS 7962 TALLEY DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ DELETE

NAME IBLE, CONRAD
STREET ADDRESS 107 STUART COVE RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☒ DELETE

NAME OKONKWO, PETER
STREET ADDRESS P O BOX 5433 N/A
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Daniel W. Evans

April 20, 1998

CR2E034 (10/97)