

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90002 036 \*\*\*150.00

DOCUMENT # P97000043566

1. Corporation Name  
HAZARD MITIGATION AND RECOVERY SERVICES  
INCORPORATED

Principal Place of Business Mailing Address  
1300 EXECUTIVE CENTER DR P O Box 6476  
SUITE 202 TALLAHASSEE, FL 32301  
TALLAHASSEE, FL 32314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3447622	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

DANIELS EVANS  
7962 TALLEY ANN DR  
TALLAHASSEE, FL 32311

10. Name and Address of New Registered Agent

81 Name ERNEST SMITH  
82 Street Address (P.O. Box Number is Not Acceptable)  
1321 Colorado ST  
83  
84 City TALLAHASSEE FL 85 Zip Code 32304

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 ERNEST SMITH 5-1-99  
(NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	CHIEF EXECUTIVE OFFICER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONRAD IBLE		1.2 NAME	
STREET ADDRESS 107 STUART COVE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE VP	DANIEL EVANS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL EVANS		2.2 NAME	
STREET ADDRESS 7962 TALLEY DRIVE	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32311		2.4 CITY-ST-ZIP	
TITLE VP	PETER OKONKWO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETER OKONKWO	N/A	3.2 NAME	
STREET ADDRESS P O Box 5433		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32314	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: ERNEST SMITH 5-4-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)