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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000067005 (3)

ENVIROSAFE SOUTHEAST COMPANY, INCORPORATED

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ı ıbarındı ind iğini ibəri dekir berin ağırı oğun birin teğiri gerin dekir dirir ibbi	
425 BISCAYNE LANE SEBASTIAN FL 32958			425 BISCAYNE LANE SEBASTIAN FL 32958				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							08/04/1997
2. Principal P	Place of Business	26	Mading Address				4, FEI Number Applied For
21			26				65-0766090 Not Applicable
Suite, Apt. #, etc.		1=41	Suite, Apt. #, etc.			-	SR 75 Additional
22		27	27				5. Certificate of Status Desired Fee Required
City & State		$\neg \neg$	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Coun	Country		This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
STANTON, JAMES M SR					31	Name	
425 BISCAYNE LANE			82 Street A		Street Addr	ress (P.O. Box Number is Not Acceptable)	
SE	Bastian FL 32958			- [isos (i. i.o. box itambor la trocritospicado)
				1	33		
				۱.	34	City	IAB I Tim On the
				l°	*	City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 6 of Flori	07.1508, Florida Statu da. Such change was	ites, the abo	by	named corp the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and accept the oblig	ations o	r, Section 607.0505, F	lorida Statu	tes	t.	
SIGNATURE	Signature, typed or printed name of registered ag-	on and take	MACONING (NO	TF: Posietered	A nar	nt einnatura raquir	red when reinstating) DATE
12.	OFFICERS AN			13.	- yer	in alguardra reguir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE 1.1 TITLE		·I	Change Addition	
NAME	ME STANTON, JAMES M SR		1.2 N		Æ		_ · _
STREET ADORESS			1.3 STREE			ADDRESS	
CITY-ST-ZIP	APRIAMINI EL AGORA		1.4 CITY-				
TITLE	· · · · · · · · · · · · · · · · · · ·			2.1 TITLE		Change Addition	
NAME	STANTON, CAROLINE M		_		2.2 NAME		
STREET ADDRESS					-	ADDRESS	
CITY-ST-ZIP	OFD 107111 Ft 44454						
TITLE	DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME				3.2 NAME			— viality — Houliton
STREET ADDRESS						1000000	
				3.3 STREET ADDRESS		1	
CHTY-ST-ZIP THILE			***************************************	3.4. City-St-ZiP 4.1 Title		Change Addition	
NAME	-			4.1 HILE 4.2 NAME		Change Addition	
						*DODUCCC	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			4.4 CITY		1-ZIP	☐ Change ☐ Addition	
			51 TITL			Change Adultion	
NAME				5 2 NAM			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			D SCIETE		5.4 CITY-ST-ZIP		Character Character
TITLE			☐ DELETE	61 TITL			☐ Change ☐ Addition
NAME				62 NAM	-		
STREET ADDRESS				63 STRI	EET /	ADDRESS	
CITY-ST-ZIP				6.4 CfTY	· ST	r-21P	

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 for on an attachment with an address.

JAMES M. STANTON

561-388-5500