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

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔒

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # · P97000100374 (2)

PETROCHEMICAL SOIL REMEDIATION CONSULTANTS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					——{	
·						
405 E. MACEWEN DR. 405 E. MACEW OSPREY FL 34229 OSPREY FL 34						
VOTAELT	L SHEET	OSPREY FL 34229				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/24/1997
2. Principa	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21	_	26				65-0815382 Not Applicable
Sulte, A	pt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	-			Election Campaign Financing \$5.00 May Be
23		28	7			Trust Fund Contribution Added to Fees
Zip	Country	Zip	— .	intry		8. 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 Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
	FERRELL, HUGH C			"	Name	
	22 S. TUTTLE AVENUE		82 Street A		Street A	ddress (P.O. Box Number is Not Acceptable)
	SUITE 4		60			
	Sa ras ota fl 34237			63		
				84	City	85 Zip Code
44 5	10 007 or	1003 1500 51 11 6				FL 60 2 10 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 Signature, typed or printed name of registered agent and liftle If applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12,	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition S
NAME	MORTON, DAVID		1.2 NAME			5
STREET ADDRES	s 405 E. MACEWEN DR.	N DR. 1.5		IREET A	ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229		1.4 Cf	TY - S1	- ZIP	
TITLE	D	DELETE	2.1 Ti	TLE		Change Addition
NAME	MASSEY, ERIC	ERIC 2.2		AME		
STREET ADDRES	s 405 E. MACEWEN DR.			REET A	ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229		2. 4 C	ITY - \$1	r-ziP	
TITLE	D	DELETE	3.1 TI	TLE		Change Addition
NAME	BENNER, JOSEPH		3.2 N	ME		
STREET ADDRES	s 405 E. MACEWEN DR.		3.3 \$1	REET A	ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229		3.4. C	ITY-ST	- ZIP	
TITLE		☐ DELETE	4.1 TI	1LE		☐ Change ☐ Addition
NAME			4.2 N	AME	- 1	
STREET ADDRES	s		4.3 \$1	REET A	DORESS	
CITY-ST-ZIP	<u> </u>		4.4 CITY- S		- ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 N/	AME		
STREET ADDRES	s		53 \$1	REET A	DDRESS	
CITY-ST-ZIP			5 4 CI	TY-ST	- ZIP	
TITLE				TITLE		Change Addition
NAME			62 N/	AME		
STREET ADDRES	s ,		63 \$1	REET A	ODRESS	
CITY-ST-ZIP	<u> </u>		6.4 C(TY-\$F	- ZIP	
4.4	17 11 11	the state of the state of the state of				

1. 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 eath, that I am an officer or director of the corporation of the receiver or trusted 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 an an attachment with an applicacy.

1.75 98 941.916369