

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

99 MAR 10 AM 8:19
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000028975
 1. Corporation Name
Atlantic Environmental Service & Products, Inc

Principal Place of Business: **33 West 6th Street Atlantic Bch, FL 32223 US**
 Mailing Address: **P.O. Box 350717 JACKSONVILLE, FL. 32235-0717 US**

2. Principal Place of Business
 21. Suite, Apt #, etc
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Suite, Apt #, etc
 27. City & State
 28. Zip
 29. Country
 30. Country

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **3/27/98**
 4. FEI Number: **59-3501665**
 5. Certificate of Status Desired: **X** Applied For Not Applicable
\$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax: Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**Clinton L. Doud, Attorney
 6620 Southpoint Dr. North
 Suite 210 MAILBOX 10
 JACKSONVILLE, FL 32216**

81. Name: **Stanley D. Yotka**
 82. Street Address (P.O. Box Number is Not Acceptable): **4531 Bluff Ave**
 83. City: **JACKSONVILLE**
 84. State: **FL**
 85. Zip Code: **32225**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Stanley D. Yotka*

3/17/99

12. OFFICERS AND DIRECTORS
 TITLE: **President**
 NAME: **Robert Byrod**
 STREET ADDRESS: **62 17th Street Atlantic Bch, FL 32223**
 CITY, ST, ZIP: **Atlantic Bch, FL 32223**
 TITLE: **Vice President**
 NAME: **Ray Benkendorf**
 STREET ADDRESS: **5913-1 St. Augustine Rd. JACKSONVILLE, FL 32207**
 CITY, ST, ZIP: **JACKSONVILLE, FL 32207**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 TITLE: **Vice President**
 NAME: **Stanley D. Yotka**
 STREET ADDRESS: **4531 Bluff Ave JACKSONVILLE, FL 32225**
 CITY, ST, ZIP: **JACKSONVILLE, FL 32225**
 TITLE: **Treasurer**
 NAME: **Elana M. Yotka**
 STREET ADDRESS: **4531 Bluff Ave JACKSONVILLE, FL 32225**
 CITY, ST, ZIP: **JACKSONVILLE, FL 32225**
 TITLE: **Secretary**
 NAME: **Stanley D. Yotka**
 STREET ADDRESS: **4531 Bluff Ave JACKSONVILLE, FL 32225**
 CITY, ST, ZIP: **JACKSONVILLE, FL 32225**

14. I hereby certify that the information supplied by me, if it does not apply, for the reasons stated in the Florida Statutes, is true and correct. I further certify that the information included on this annual report is true and correct to the best of my knowledge and belief. I am a director or officer of the corporation or the receiver or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name is on Block 12 or Block 13 if directed, or on an attachment with an address, with all other fees empowe...

SIGNATURE: *Stanley D. Yotka* **Stanley D. Yotka, VP** 3/8/99 (904) 645-5288

CR2E034 (1/199)