2012 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILLED DOCUMENT # P98000030564 2012 JUN 11 AM 11: 24 AAG ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 25370 NW 8 LANE P.O. BOX 959 NEWBERRY, FL 32669 NEWBERRY, FL 32669 2. Principal Place of Business - No P.O Box# 3. Mailing Address Suite, Apt #. etc. Suite, Apt. #, etc 05042012 Chg-P CR2E034 (12/11) City & State City & State 4. FEI Number Applied For Not Applicable 06-1511702 Ζιρ Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANDLER, ALAN BENNETT Street Address (P.O. Box Number is Not Acceptable) 25370 NW 8 LANE NEWBERRY, FL 32669 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution Due by September 28, 2012 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition TITLE CHANDLER, ALAN B 900236134919 06/11/12--01002--010 **150,00 NAME NAME STREET ADDRESS 25370 NW 8 LANE STREET ADDRESS CITY- ST- ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE X Delete Change ☐ Add₁tion TITLE NAME NADEAU, MICHAEL J NAME 25370 NW 8 LANE STREET ADDRESS STREET ADDRESS CITY- ST. ZIP NEWBERRY, FL 32669 CITY - SI - ZIP TITLE Delete TITLE ☐ Change Addition NAME DAUGHERTY JAMIEL C. NAME STREET ADDRESS STREET ADDRESS 37665 CITY-ST-ZIE CITY-ST-ZIP NEWSORY? JUN 1 1 2019 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS S. TONER CITY- ST- ZIP CITY- ST ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIF TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with a large statute in 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 10 or Block 11 if changed, or on an attachment with a large statute in 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 10 or Block 11 if