

FILED

May 21, 1999 8:00 am
Secretary of State

05-21-1999 90003 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000043971**

1. Corporation Name

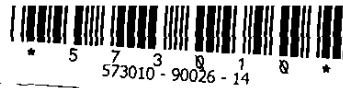
RESOURCE CONSERVATION SERVICES INC

Principal Place of Business

Mailing Address

**5370 E. BAY DR. SUITE 153
CLEARWATER, FL 33764**

- SAME -



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MAY 6, 1998

4. FEI Number

59-3511938Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

6137 MAPLEWOOD DR.**P.O. Box 903**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEWPORT RICHEY, FL**ELFERS, FL**

Zip

Country

Zip

Country

34653**PASCO****34680-0903****PASCO**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENERAL BUSINESS SERVICES OF TAMPA BAY INC
5370 EAST BAY DRIVE, SUITE 153
CLEARWATER, FL 33764**

81. Name

GARY T. JULIAN SR.

82. Street Address (P.O. Box Number is Not Acceptable)

6137 MAPLEWOOD DR.

83.

84. City

NEWPORT RICHEY**FL**

85. Zip Code

34653

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 title if applicable.

GARY T. JULIAN SR. PRESIDENT**4/29/99**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARY T. JULIAN	
STREET ADDRESS	5370 EAST BAY DRIVE SUITE 153	
CITY-ST-ZIP	CLEARWATER, FL 33764	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JIM HEISER	
STREET ADDRESS	5370 EAST BAY DRIVE SUITE 153	
CITY-ST-ZIP	CLEARWATER, FL 33764	

TITLE		<input checked="" type="checkbox"/> DELETE
NAME	DAVID G. HICKMAN	
STREET ADDRESS	5370 EAST BAY DRIVE SUITE 153	
CITY-ST-ZIP	CLEARWATER, FL 33764	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 of the state 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:

GARY T. JULIAN SR. PRESIDENT

Date

Daytime Phone #

(727) 842-4647

CR2E034 (1/98)