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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90015 002 ***150.00

DOCUMENT # P98000100389

1. Corporation Name
IES - INTEGRATED ENVIRONMENTAL SOLUTIONS CORPORA TION

Principal Place of Business	Mailing Address
3940 RED ROCK WAY SARASOTA FL 34231	3940 RED ROCK WAY SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 PO Box 921
27 Suite, Apt. #, etc.
28 City & State: Crystal Beach, FL
29 Zip: 34681 30 Country: USA

3. Date Incorporated or Qualifed: 12/02/1998

4. FEI Number: 54-1751150 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

MASON, ROBERT J
3940 RED ROCK WAY
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOWETT, JAMES R		1.2 NAME		
STREET ADDRESS	9222 BYRON TERRACE		1.3 STREET ADDRESS	954 Point Seaside Drive	
CITY-ST-ZIP	BURKE VA 22015		1.4 CITY-ST-ZIP	Crystal Beach, FL 34681	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MASON, ROBERT J		2.2 NAME		
STREET ADDRESS	3940 RED ROCK WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEINER, LAWRENCE A		3.2 NAME		
STREET ADDRESS	8411 CARDINAL GLEN COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA 22182		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KASHKASHIAN, DIKRAN		4.2 NAME		
STREET ADDRESS	205 TYSON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA 22046		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	DAVIDSON, GORDON M		5.2 NAME		
STREET ADDRESS	9700 RIPPLE RUN COURT		5.3 STREET ADDRESS	6311 Tisbury Drive	
CITY-ST-ZIP	FAIRFAX VA 22039		5.4 CITY-ST-ZIP	Burke, VA 22015	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R Jowett 4/25/99 727-771-8482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #