FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S17248** **(3)**

1. Corporation Name

PHOENIX ENVIRONMENTAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
911 E. PARK AVE TALLAHASSEE FL 32301-1652	911 E. PARK AVE. 215 S. MONROE ST. TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 2916 E. Park Avenue
22: Suite, Apt. #, etc.
23: Tallahassee, FL
24: Zip 32308 — 25: Country

2a. Mailing Address
26: 2916 E. Park Avenue
27: Suite, Apt. #, etc.
28: Tallahassee, FL
29: Zip 32308 — 30: Country

4. FEI Number: 59-3040993 ☐ Applied 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONIGLIO, MICHAEL J
104 EAST THIRD AVENUE
TALLAHASSEE FL 32303

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	11 TITLE	☒ Change ☐ Addition	
NAME	ARMSTRONG, RANDALL L.	12 NAME		
STREET ADDRESS	6618 MAN O WAR TRAIL	13 STREET ADDRESS	2916 E. Park Avenue	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	Tallahassee, FL 32308	
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	DANSER, RUSSELL E.	22 NAME		
STREET ADDRESS	6618 MAN O WAR TRAIL	23 STREET ADDRESS	3465 Lenox Mill Road	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Tallahassee, FL 32308	
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	LEWIS, TERRY E.	32 NAME		
STREET ADDRESS	2000 PALM BCH LKS BLVD.	33 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	LEWIS, STEVEN	42 NAME		
STREET ADDRESS	215 S. MONROE ST., #701	43 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	☐ Change ☐ Addition	
NAME	LITTLEJOHN, CHARLES R.	52 NAME		
STREET ADDRESS	402 WEST COLLEGE AVE.	53 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	☐ Change ☐ Addition	
NAME	MATTSON, JAMES S.	62 NAME		
STREET ADDRESS	FIRST STATE BANK,MM 97.8	63 STREET ADDRESS		
CITY ST ZIP	KEY LARGO FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Randall L. Armstrong, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Phone #

0006813 CP