

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S55048 (0)

1. Corporation Name

ENVIRONMENTAL MONITORING SERVICES, INC.

Principal Place of Business

Mailing Address

1299 WEST MAIN  
PENSACOLA FL 32501

2701 PINE FOREST  
RD  
CAMDEN, FL  
32503

P O BOX 128  
PENSACOLA FL 32591-0128  
US



2. Principal Place of Business

2a. Mailing Address

21 2701 PINE FOREST RD

2701 PINE FOREST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA, FL

28 City & State

Zip Country

Zip Country

24 32533

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1991

3a. Date of Last Report

06/02/1995

4. FEI Number

59-3079563

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

PICKEN, ARTHUR W  
110 W. STRONG ST.  
PENSACOLA FL 32501

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Arthur W. Picken*

(Print Name of Registered Agent and Title if Applicable)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME PICKEN, ARTHUR W  
STREET ADDRESS 110 W. STRONG ST.  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE T  
NAME HICKS, JACK D  
STREET ADDRESS P O BOX 750518  
CITY-ST-ZIP NEW ORLEANS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

*Jack D. Hicks* JACK D. HICKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (504) 895-1728

DATE

TELEPHONE

CR2E034 (12/95)