

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 APR 27 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S83583 (2)
1. Corporation Name
ENVIRONMENTAL SCIENCES & TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
**4406 S FLORIDA AVE
STE 223
LAKELAND FL 33813**
**4404 S. FLORIDA AVE.
SUITE 9
LAKELAND FL 33813
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1991** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-3074991** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **4404 S. Florida Ave** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **9** 27
City & State City & State
23 **Lakeland, FL** 28
Zip Country Zip Country
24 **33813** 25 **FL** 29 30

8. Name and Address of Current Registered Agent
**KINCART, ROBERT O.
4406 S FLORIDA AVE
STE 23
LAKELAND FL 33813**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, MICHAEL A.	1.2 NAME	
STREET ADDRESS	5806 BUCK RUN DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, JOE W.	2.2 NAME	
STREET ADDRESS	109 GRANT RD SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 amendment with an address.

SIGNATURE:

Michael A. Graves

MICHAEL A. GRAVES

4-24-95

8/2/94/1800

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Filing Fee)