

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

CORPORATION ANNUAL REPORT 1995 DOCUMENT # S86224 (0) 1. Corporation Name C.B.G. ENVIRONMENTAL, INC.		 FLORIDA DEPARTMENT OF STATE Linda B. Norman Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED MAY - 1 1995 TALLAHASSEE, FLORIDA	
Principal Place of Business 601 BAYSHORE BLVD STE 600 TAMPA FL 33609 US		Mailing Address 601 BAYSHORE BLVD STE 600 TAMPA FL 33609 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/09/1991	
22. State, Apt. # etc. 22		27. State, Apt. # etc. 27		3b. Date of Last Report 05/01/1994	
City & State 23		City & State 28		4. FFI Number 59-3090624	
Ap 24		Ap 29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent GREENE, ROBERT B 601 BAYSHORE BLVD STE 600 TAMPA FL 33609				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 199.01, 199.02 and 199.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as provided in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and understand the duties imposed upon me by the Florida Statutes. Signed At: _____ Date: _____					
OFFICERS AND DIRECTORS					
12. OFFICERS AND DIRECTORS PST GREENE, CAROLYN 600 N WESTSHORE BLVD 500 TAMPA FL PSTD GREENE, ROBERT B. 601 BAYSHORE BLVD STE 600 TAMPA FL		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 Delete			
NAME Street Address City State Zip		1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP			
NAME Street Address City State Zip		6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP			
NAME Street Address City State Zip		11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP			
NAME Street Address City State Zip		16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP			
NAME Street Address City State Zip		21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP			
NAME Street Address City State Zip		26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP			
NAME Street Address City State Zip		31. NAME 32. STREET ADDRESS 33. CITY 34. STATE 35. ZIP			
NAME Street Address City State Zip		36. NAME 37. STREET ADDRESS 38. CITY 39. STATE 40. ZIP			
NAME Street Address City State Zip		41. NAME 42. STREET ADDRESS 43. CITY 44. STATE 45. ZIP			
NAME Street Address City State Zip		46. NAME 47. STREET ADDRESS 48. CITY 49. STATE 50. ZIP			
NAME Street Address City State Zip		51. NAME 52. STREET ADDRESS 53. CITY 54. STATE 55. ZIP			
NAME Street Address City State Zip		56. NAME 57. STREET ADDRESS 58. CITY 59. STATE 60. ZIP			
NAME Street Address City State Zip		61. NAME 62. STREET ADDRESS 63. CITY 64. STATE 65. ZIP			
14. I, the undersigned, certify that the information furnished was true, fully and voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. Further, I certify that the information contained in this annual report or supplemental financial 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 this corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, or both are added to the additions. SIGNATURE: Robert B Greene					
4/20/95 (813) 258-8350					