## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # \$96887

1. Corporation Name

ENVIROTEC SERVICE SPECIALISTS, INC.

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90055 042 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
8090-A NAVARR		8090-A NAVARRE PKWY					
NAVARRE FL 32566 US		NAVARRE FL 32566 US			DO NOT WRITE IN THIS SPACE		
US		03			3. Date Incorporated or Qualifed		
					11/27/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4FEI Number		offed For
21 8/60	O Mavaire PKWY	26 8/60/Vava Suite, Apt. #, etc.	arre	PKWY	59-3102576		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Red	
City & State		City & State	E	= /	6. Election Campaign Financing	\$5.00	, ,
23 Na (	varre F1.	28 Navare 21p 29 3 2566	Cour	<u>/r</u>	Trust Fund Contribution	Added to	rees
		3 2546	المال المحا	to lose	This corporation owes the current year in Personal Property Tax.		□No
24 32:	9. Name and Address of Current		130 72	in a jeosee	10. Name and Address of New Registered		
	5. Harry and Address of Current	registered Agent		81 Name		-	
ORTH	H, ROBERT J.L.				(0.000)		
9139A MILITARY LANE			İ	82 Street Address (P.O. Box Number is Not Acceptable)			
NAVARRE FL 32566		ţ	83				
			ļ				·
			İ	84 City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the al	ove-named corpo	pration submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	l Florida. Such change was a	utnonzea	by the corporation	in's board of directors, I hereby accept the appo	ananent as reg	lisieieo
	Provide of Co	Het S			2-10	-47	
SIGNATURE	Signature, typed or printed name of registered agent a		Registered	Agent signature required	d when reinstating) DATE		
12.	OFFICERS AND		13.	····	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TIT			☐ Change	☐ Addition ↓
NAME	ORTH, ROBERT J.L.		1.2 NA	<b>I</b>			
STREET ADDRESS	9139 MILITARY LANE		4 6 677				- 1
CITY-ST-ZIP	NAVARRE FL		1.350	REETADORESS			
			1.4 CIT	Y-ST-ZIP		Chann	Addition
ΠΤLE	VP	☐ DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP		☐ Change	Addition
TITLE NAME	VP ORTH, ROBERT J.L.	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP LE WE		☐ Change	Addition
	VP ORTH, ROBERT J.L. 9139 MILITARY LANE	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP		☐ Change	Addition
NAME	VP ORTH, ROBERT J.L.		1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	Y-ST-ZIP LE WE REET ADDRESS IY-ST-ZIP			
NAME STREET ADDRESS	VP ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL T	☐ DELETE	1.4 CTT 2.1 TTT 2.2 NA 2.3 STT 2.4 CT 3.1 TTT	Y-ST-ZIP  WE REET ADDRESS IY-ST-ZIP LE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL T ORTH, ROBERT J.L.		1,4 Cff 2.1 Tff 2.2 NA 2.3 STf 2. 4 Cf 3.1 Tff 3.2 NA	Y-ST-ZIP LE AAE REET ADDRESS IY-ST-ZIP LE AAE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL T ORTH, ROBERT J.L. 9139 MILITARY LANE		1.4 Cm 2.1 Tm 2.2 NA 2.3 STi 2. 4 Ci 3.1 Tm 3.2 NA 3.3 STi	Y-ST-ZIP LE KAE REET ADDRESS IY-ST-ZIP LE KAE KAE KAE KAE KAE KAE KAE KAE KAE KA			
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL T ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL	☐ DELETE	1.4 CM 2.1 TM 2.2 NA 2.3 STI 2.4 CI 3.1 TM 3.2 NA 3.3 STI 3.4 CI	Y-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL T ORTH, ROBERT J.L. 9139 MILITARY LANE NAVARRE FL S ORTH, ROBERT J.L.	☐ DELETE	1.4 CTT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NS	Y-ST-ZIP LE WE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME		Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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