

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

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DOCUMENT # S96887

1. Corporation Name

ENVIROTEC SERVICE SPECIALISTS, INC.

Principal Place of Business

8090-A NAVARRE PKWY  
NAVARRE FL 32566  
US

Mailing Address

8090-A NAVARRE PKWY  
NAVARRE FL 32566  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1991

4. FEI Number

59-3102576

Applied For

Not Applicable

2. Principal Place of Business

21 8160 Navarre PKWY  
Suite, Apt. #, etc.

22

City & State

23 Navarre FL

Zip

24 32566

Country

25 Santa Rosa

2a. Mailing Address

26 8160 Navarre PKWY  
Suite, Apt. #, etc.

27

City & State

28 Navarre FL

Zip

29 32566

Country

30 Santa Rosa

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ORTH, ROBERT J.L.  
9139A MILITARY LANE  
NAVARRE FL 32566

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

Robert J. L. Orth

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ORTH, ROBERT J.L.  
STREET ADDRESS 9139 MILITARY LANE  
CITY-ST-ZIP NAVARRE FL

TITLE VP ☐ DELETE

NAME ORTH, ROBERT J.L.  
STREET ADDRESS 9139 MILITARY LANE  
CITY-ST-ZIP NAVARRE FL

TITLE T ☐ DELETE

NAME ORTH, ROBERT J.L.  
STREET ADDRESS 9139 MILITARY LANE  
CITY-ST-ZIP NAVARRE FL

TITLE S ☐ DELETE

NAME ORTH, ROBERT J.L.  
STREET ADDRESS 9139 MILITARY LANE  
CITY-ST-ZIP NAVARRE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Robert J. L. Orth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

Daytime Phone #

CR2E034 (11/98)