FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V06330** **(7)**

1. Corporation Name
SITE RECLAMATION SERVICES, INC.

Principal Place of Business
~~29511 COUNTY RD 561~~
~~TAVARES FL 32778~~

Mailing Address
~~29511 COUNTY RD 561~~
~~TAVARES FL 32778~~

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business
21 411 South Hwy 33
22 Suite, Apt. #, etc.
23 Groveland, FL
24 Zip 34736
25 Country USA

2a. Mailing Address
26 411 South Hwy 33
27 Suite, Apt. #, etc.
28 Groveland, FL
29 Zip 34736
30 Country USA

4. FEI Number: 59-3109026 — 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

9. Name and Address of Current Registered Agent
WOODS, LARRY G.
~~9010 E.D. ROBBINS ROAD~~
~~HOWEY-IN-THE-HILLS FL 34737~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 411 South Highway 33
83
84 City Groveland FL 85 Zip Code 34736

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 Joy Gonano, Director 08/05/96
Signature (typed or printed) of person of registered agent or title of officer (If Registered Agent is signature required when not listing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WOODS, LARRY G.	
STREET ADDRESS	~~29511 COUNTY RD 561~~	
CITY-ST-ZIP	~~TAVARES FL 32778~~	
TITLE	VSD	☐ DELETE
NAME	GONANO, JOY	
STREET ADDRESS	~~29511 COUNTY RD 561~~	
CITY-ST-ZIP	~~TAVARES FL 32778~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	411 South Hwy 33	
1.4 CITY-ST-ZIP	Groveland, FL 34736	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	411 South Hwy 33	
2.4 CITY-ST-ZIP	Groveland, FL 34736	
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 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: Joy Gonano 08/05/96 352/429-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)