

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA H. MOWBRAY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 10 1996

DOCUMENT # **V13193** (0)

For Corporation Name

PHASE I ENVIRONMENTAL SERVICES, INC.

FLORIDA DEPARTMENT OF STATE
TAMARA H. MOWBRAY
Secretary of State
DIVISION OF CORPORATIONS

Principal Office Address
**8535-3 BAYMEADOWS RD.
S-118
JACKSONVILLE FL 32256**

Agent's Address
**8535-3 BAYMEADOWS RD.
S-118
JACKSONVILLE FL 32256**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Reorganization 02/10/1992	3a. Date of Last Report 05/01/1994
4. FID Number 59-3102623	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 information provided by the officer listed below. ☒ Yes ☐ No	

2. Principal Office Address 21	2a. Agent's Address 26
22. Date of Report 22	27. Date of Report 27
23. City & State 23	28. City & State 28
24. Zip 24	29. Zip 29
25. City & State 25	30. City & State 30

9. Name and Address of Current Registered Agent ERICKSON, SHERYL K. 8535-3 BAYMEADOWS RD. S-118 JACKSONVILLE FL 32256	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
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the statement for the purpose of filing this report. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADVERTISING CHANGES TO OFFICERS AND DIRECTORS
NAME P ERICKSON, SHERYL L 10860 CROSSTIE ROAD EAST JACKSONVILLE FL 32257 VTS NAME MATRIN, T. MATTHEW 1807 HOLLIS DRIVE ORLANDO FL 32822	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

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SIGNATURE: *[Signature]*
NAME AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR
4/28/95 9001-50-2000