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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V13193** **(0)**

1. Corporation Name

PHASE I ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
8535-3 BAYMEADOWS RD. S-118 JACKSONVILLE FL 32256	8535-3 BAYMEADOWS RD. S-118 JACKSONVILLE FL 32256

Please change to:

2. Principal Place of Business	2a. Mailing Address
21 4243 Sunbeam Road	26 4243 Sunbeam Road
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite 3
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32257 / 25 USA	Zip / Country 29 32257 / 30 USA

3. Date Incorporated or Qualified: 02/10/1992

3a. Date of Last Report: 05/01/1995

4. FEI 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 intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ERICKSON, SHERYL K. 8535-3 BAYMEADOWS RD. S-118 JACKSONVILLE FL 32256	Change Address to:	81 Name: Sheryl K. Erickson 82 Street Address (P.O. Box Number is Not Acceptable): 4243 Sunbeam Road 83 Suite 3 84 City: Jacksonville FL 85 Zip Code: 32257

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERICKSON, SHERYL L 10860 CROSSTIE ROAD EAST JACKSONVILLE FL 32257	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS MATRIN, T. MATTHEW 1807 HOLLIS DRIVE ORLANDO FL 32822	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	XX Change ☐ Addition Vice President Martin, Thomas M. 8787 Southside Blvd, #610 Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: _____ 7/16/96 904-636-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sheryl K. Erickson President