

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V17680

(2)

1. Corporation Name

LEMENZE ENVIRONMENTAL DRILLING COMPANY, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 3:12

Principal Place of Business

**11620 WHITE MARSH DRIVE
WEST PALM BEACH FL 33414**

Mailing Address

**11620 WHITE MARSH DRIVE
WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1992	3a. Date of Last Report 06/08/1994
4. FEI Number 65-0315556	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	

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**LEMENZE, PAUL E.
11620 WHITE MARSH DRIVE
WEST PALM BEACH FL 33414**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEMENZE, PAUL E.	1.2 NAME	
STREET ADDRESS	11620 WHITE MARSH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMENZE, JEANETTE	2.2 NAME	
STREET ADDRESS	11620 WHITE MARSH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEMENZE, LOUIS E.	3.2 NAME	
STREET ADDRESS	11620 WHITE MARSH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed