

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 # **V21157** (5)

1. Corporation Name

TRANSAMERICAN ENVIRONMENTAL, INC.



Principal Place of Business

**276 W HEMMINGWAY CIRCLE
MARGATE FL 33063
US**

Mailing Address

**P O BOX 636698
MARGATE FL 33063-6698
US**

2. Principal Place of Business

2a. Mailing Address

21 **314 N. POST OAK LANE**
Suite, Apt. #, etc.

26 **314 N. POST OAK LANE**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **HOUSTON, TEXAS**

28 **HOUSTON, TEXAS**

24 Zip Country

29 Zip Country

25 **HARRIS**

30 **HARRIS**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
06/15/1995

4. FET Number
65-0326283

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

10. Name and Address of New Registered Agent

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 their address

(NOTE: Registered Agent signature is required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FATJO, TOM	
STREET ADDRESS	314 N POST OAK LANE	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VTSD	☐ DELETE
NAME	RUUD, LANCE C	
STREET ADDRESS	314 N POST OAK LANE	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	DV	☐ DELETE
NAME	FATJO, TOM III	
STREET ADDRESS	314 N POST OAK LANE	
CITY-STATE-ZIP	HOUSTON TX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P

FATJO, TOM J. JR.

HOUSTON, TEXAS 77024

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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 has been 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 address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

(713) 956-1212

CR2E034 (12/95)