

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # V27703

(0)

1. Corporation Name

BAUER ENVIRONMENTAL, INC.

Principal Place of Business

315 EAST MADISON STREET  
SUITE 920  
TAMPA FL 33602

Mailing Address

315 EAST MADISON STREET  
SUITE 920  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

03/28/1994

4. FEI Number

59-3121041

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

21 4111 HENDERSON BLVD.

Suite, Apt. #, etc

22 B

City & State

23 TAMPA, FLORIDA

Zip

24 33629

Country

25 U.S.A.

2a. Mailing Address

26 4111 HENDERSON BLVD.

Suite, Apt. #, etc

27 B

City & State

28 TAMPA, FLORIDA

Zip

29 33629

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DAVIS, SHELDON P ESQUIRE  
315 EAST MADISON STREET  
SUITE 920  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

EUGENE BAUER

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

4111 HENDERSON BLVD, #B

83

84 City

TAMPA

FL

85 Zip Code

33629

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

Eugene Bauer, Eugene Bauer

7/28/95

Signature, hand or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

|                |                               |
|----------------|-------------------------------|
| TITLE          | <del>P</del>                  |
| NAME           | <del>BAUER, PATRICE Z.</del>  |
| STREET ADDRESS | <del>4002 W. MCKAY AVE.</del> |
| CITY, ST, ZIP  | <del>TAMPA FL 33600</del>     |
| TITLE          | <del>VS</del>                 |
| NAME           | <del>BAUER, EUGENE</del>      |
| STREET ADDRESS | <del>4002 W. MCKAY AVE.</del> |
| CITY, ST, ZIP  | <del>TAMPA FL 33600</del>     |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY, ST, ZIP  |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | DPVTS                                                                        |
| 2.3 STREET ADDRESS | 4111 HENDERSON BLVD, #B                                                      |
| 2.4 CITY, ST, ZIP  | TAMPA, FLORIDA 33629                                                         |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY, ST, ZIP  |                                                                              |

14. I 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)(b), 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:

Eugene Bauer, Eugene Bauer 7/28/95 (813) 870-2121

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Title

Signature Here