

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57679** (5)

1. Corporation Name

LAGNIAPPE ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

**4920 SOUNDSIDE DR
GULF BREEZE FL 32561**

**4920 SOUNDSIDE DR
GULF BREEZE FL 32561
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/14/1992

3a. Date of Last Report

08/31/1994

4. FET Number

59-3129811

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRUCE, RONALD C.
4920 SOUNDSIDE DR
GULF BREEZE FL 32561**

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 607.0501 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron C. Bruce

4/29/95

Date

704 952 6045

Telephone No.