FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90001 042 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V59335**

1. Corpora ion Name

APPLIED ENVIRONMENTAL CONSULTING, INC.

Principal Place	e of Business		Mailing Address								
2815 N.W. 13TH STREET		2815 N.W. 13TH STREET									
SUITE 305			SUITE 305			DO NOT WRITE IN THIS SPACE					
GAINESVILLE FL 32609			GAINESVILLE FL 32609			3. Date Ir corporated or Qualifed					
			7.0. 1.27				08/20/ 4. FEI Nun			1 1 4	pried For
2. Principal PI	lace of Business		2a. Mailing Address				1				<u>- — — — — — — — — — — — — — — — — — — —</u>
21			26				<u>59-31</u> 0	<u> 39843 </u>			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_	. 5. Certifca	te of Status Desired			Additional equired
22			27								
City & Srate			City & State			1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23			28					und Contribution			to rees
Zip	Coun	try	Zip		untry	ļ		rporation owes the cur	rent year Int		[]No
24	25		29	30				al Property Tax.		Yes	LINO
	9. Name and Add	ess of Current	Registered Agent		104	1	10. Name a	and Address of New I	Registere	Agent	
1/4 (5)	LINOED DICHADO				81	Name					
KNELLINGER, RICHARD M.					82 Street Addre		dress (P.O. Box Number is Not Acceptable)				
	N.W. 13 STREET						·				
	E 305				83	Ţ					
GAIN	iesville fl 32609				-	City				85 Zip	Code
					84	City			FL	. 63 216	0.700
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Stat	tu:es, the a	abovi	e-named co	rporation submits	s this statement for the	purpose of	changing its	r∋gistered
office or n	egistered agent, or bot	th in the State of	f Florida, Such change was ons of, Section 607.0505, F	s authorize	d bv	tne corpora	etion's board of ci	rectors. I hereby acce	pt the appor	ntment as re	gisterea
	m ramınlar witn, and ad	cept the obligati	AIS OI, GECTION OUT.0000, I	IOIIGA SIAI	iuico						
SIGNATURE	Signature, typed or printed na	ne of registered agent	and title if applicable (NC	OTI:: Registere	d Ager	rit signature requ	L red when reinstating)		DATE		
12.	Organization, typoc or priming the	OFFICERS AND		13.				NS/CHANGES TO OF	FICERS A	D DIRECTO	OF S IN 12
TITLE	PTS		☐ DELETE	11T	ITLE					Change	☐ Addition
NAME	WARREN, BERNH	ARDT CHAE		121	AME						
STREET ADDRESS	4137 NW 33RD P			135	TRFF	TADORESS					
	GAINESVILLE FL	I-		•	ΠY-S						
CITY-ST-ZIP	CAMPESVILLE				TTLE	211					Addition
			! I DELETE							☐ Change	Addition
NAME			☐ DELETE	i i						Change	Addition
STREET ADDRE is			☐ DELETE	22 N	IAME	TARORECC				☐ Change	☐ Addition
ì			☐ DELETE	22 N 23 S	IAME	TADDRESS				Change	Addition
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6.4 CITY-ST-ZIP

14. Therebi/ certify that the information supplied with this filing does not qualify for the exemption stated it Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 enhowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

352-395-1352