

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67631

Entity Name: CROSS ENVIRONMENTAL SERVICES, INC.**Current Principal Place of Business:**39646 FIG AVENUE
ZEPHYRHILLS, FL 33540**Current Mailing Address:**PO BOX 1299
CRYSTAL SPRINGS, FL 33524 US**FEI Number:** 59-2866646**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATSON, DIANE
39646 FIG AVE
ZEPHYRHILLS, FL 33524 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DIANE WATSON

01/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | PD |
| Name | BISTON, CLYDE A. |
| Address | PO BOX 1299 |
| City-State-Zip: | CRYSTAL SPRINGS FL 33524 |

| | |
|-----------------|------------------|
| Title | SV |
| Name | TOSTANOSKI, JOHN |
| Address | 3300 SW 50TH AVE |
| City-State-Zip: | DAVIE FL 33314 |

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|-----------------|----------------------|
| Title | TV |
| Name | ROSENBAUER, SHARON M |
| Address | 14041 TENTH ST |
| City-State-Zip: | DADE CITY FL 33525 |

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|-----------------|----------------------------|
| Title | SR VP |
| Name | SMITH, JAMES L |
| Address | 12235 DUCK LAKE CANAL ROAD |
| City-State-Zip: | DADE CITY FL 33525 |

| | |
|-----------------|--------------------------|
| Title | ASST. SECRETARY |
| Name | SCHAEFER, TONI |
| Address | PO BOX 1299 |
| City-State-Zip: | CRYSTAL SPRINGS FL 33524 |

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|-----------------|--------------------------|
| Title | ASST. SECRETARY |
| Name | STROTT, COLLEEN |
| Address | PO BOX 1299 |
| City-State-Zip: | CRYSTAL SPRINGS FL 33524 |

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | BISHOP, BRANDON |
| Address | 753 LOVEJOY RD. |
| City-State-Zip: | FT WALTON BEACH FL 32548 |

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|-----------------|------------------------|
| Title | VP |
| Name | MILLARD, SCOTT |
| Address | 5000 OAKES RD., STE. E |
| City-State-Zip: | DAVIE FL 33314 |

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON ROSENBAUER**TREASURER**

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | MORAN, MOLLY |
| Address | PO BOX 1299 |
| City-State-Zip: | CRYSTAL SPRINGS FL 33524 |