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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam-Secretary of State #

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	F94000006432	(8)
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REMEDIATION SERVICES, INC.

116-1716-1					
Principal Place	of Business	Mailing Address		1 1051140 [110 1011 0101 0101 0101	
P.O. BOX 58 INDEPENDEN	17 ICE KS 67301	P.O. BOX 587 INDEPENDENCE KS 6730	H		
				3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 04/18/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		48-1127323	Not Applicable
Suite, Apt. #	F, EIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip 3	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s. <b>K</b> No
[ <del></del> ]	9. Name and Address of Current		21	10. Name and Address of New	
			81 Name		
	RPORATION SYSTEM PINE ISLAND RD.		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
	ATION FL 33324		83		
, Davis	THOIR PE GOOZ-			W. A. 1884 187 188	
•			84 City		FL 85 Zip Code
famil ar with	n, and accept the obligations of, Soct c	n 607.0505, Florida Statutes.	Roje deroid Ágort sagsid ira feigei		DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PD CDANT V	☐ DELETE	1 1 THEF :	2000018 -05/15/9601	근근4대(환호 🗆 Addition
NAME STREET ADDRESS	SHÉRWOOD, GRANT V 501 N. PENN		1.2 NAME . 1.3 STREET ADDRESS	***200.00	030 - 003
CITY-ST-ZIP	INDEPENDENCE KS 67301		1.4 City - St - Zip		
THLE	0	DELFTE	·	7D	Change Addition
NAME	GILLMAN, JOHN R		2.2 NAME	. –	<del></del>
STREET ADDRESS	501 N. PENN		2.3 STREET ADDRESS		
CITY - ST - ZIP	INDEPENDENCE KS		2 4 C/TY - ST - ZIP		
TITLE	D	□ DELFTE	3 1 Title V	7D	🛣 Change 🔲 Addition
NAME	HOLUM, WAYNE D		3 2 NAME		
STREET ADDRESS	501 N. PENN		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDEPENDENCE KS		3 4 City - St - ZiP		Change Change
TIFLE	D	☐ DELETE		SD	K Change 🔲 Addition
NAME	Defever, John S 501 N. Penn		4.2 NAME		
STREET ADDRESS	INDEPENDENCE KS		4.3 STREET ADDRESS		i
CHY-ST ZiP TITLE	STD	DECETE	4.4.001Y+St Zi6 5.1.101LF	<u>"D</u>	Change Addition
NAME	PENDLETON, LAWRENCE N		5.2 NAME	• • •	Cooligo Line Mindello
STREET ADDRESS	501 N. PENN		5 3 STREET ADDRESS		
CITY-ST-ZIP	INDEPENDENCE KS		5.4 C(1) - ST - Z(f)		
TITLE		DELETE	6 11 TLE		Change Addition
NAME		<del></del>	6.2 NAME	-101	
STREET ADDRESS			6 3 STREET ADDRESS	5-1-91	1
City St. 7iP			6.4 City - \$1 - 7/P	$ \psi$ $^{\prime\prime}$	ľ

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 eath 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 thanged, or on an attachment with an address.

SIGNATURE: 🚜

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 316-371-1200