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FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006432 (8)

1. Corporation Name

REMEDATION SERVICES, INC.

Principal Place of Business

P.O. BOX 587
INDEPENDENCE KS 67301

Mailing Address

P.O. BOX 587
INDEPENDENCE KS 67301-0587



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

48-1127323

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0502 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHERWOOD, GRANT V
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS 67301

TITLE VD ☐ DELETE

NAME GILLMAN, JOHN R
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE VD ☐ DELETE

NAME HOLUM, WAYNE D
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE SD ☐ DELETE

NAME DEFEVER, JOHN S
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE TD ☒ DELETE

NAME PENDLETON, LAWRENCE N
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

STD
Defever, John S.
501 N. Penn
Independence, KS 67301

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

900002246189
-07/24/97--01009--014
***385.00

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000002246190
-07/24/97--01009--015
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 appointed 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

[Signature]

6/12/97 8:16:33-1200

CP2E034 (9/96)