

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K27448** (5)

1. Corporation Name  
**ENVIRONMENTAL SOLVENTS CORPORATION**



Principal Place of Business Mailing Address  
**1830 CLARKSON ST JACKSONVILLE FL 32218 US** **1830 CLARKSON ST JACKSONVILLE FL 32216 US**

3. Date Incorporated or Qualified **06/29/1988** 3a. Date of Last Report **07/28/1995**

4. FEI Number **65-0056108**  Apply 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Country 29. Zip 30. Country

8. Name and Address of Current Registered Agent

**BRANT MOORE SAPP MACDONALD & WELLS P.A.  
50 NORTH LAURA ST.  
SUITE 3100  
JACKSONVILLE FL 32202**

9. 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. The duty and the obligation as registered agent, I am familiar with, and accept the obligations of, Section 607.0205, Florida Statutes.

SIGNATURE

Signature, Name and Address of Registered Agent and Director (Print) (Typed Name of Registered Agent and Director)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KLOPFENSTEIN, ROBERT L.</b>	
STREET ADDRESS	<b>12921 JUPITER HILLS CIRCLE</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>MS</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCANE, STEPHEN T.</b>	
STREET ADDRESS	<b>11551 LAKE RIDE DR.</b>	
CITY-STATE-ZIP	<b>MANCLARIN FL 32223</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLAGHER, R SCOTT</b>	
STREET ADDRESS	<b>1820 KINGWOOD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 empowered 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 addition with an address.

SIGNATURE: *Robert L. Kloppenstein* President  
ROBERT L. KLOPFENSTEIN

3/19/96 (104) 354-1990

CR2E034 (12/95)