

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:33

DOCUMENT # **V25127 (4)**

1. Corporation Name  
**ENVIRO SOLUTIONS, INC.**

Principal Place of Business Mailing Address  
**POST OFFICE BOX 413005  
SUITE 75  
NAPLES FL 33941-9589  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1992** 3a. Date of Last Report **07/12/1994**  
4. FEI Number **65-0327747** 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

2. Principal Place of Business 2a. Mailing Address  
21 **POST OFFICE BOX 11211** 26 **POST OFFICE BOX 11211**  
Suite, Apt #, etc Suite, Apt #, etc  
22 **NAPLES FL.** 27 **NAPLES FL**  
City & State City & State  
24 **33941** 25 **USA** 28 **33941** 29 **USA**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**LAWSON, LINDA A.  
866 99TH AVE N  
NAPLES FL 33983**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 **JAMES R RAINES**  
Signature (typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |
|----------------------------|---|---|--|
| TITLE<br><b>VTD</b>        | <b>RAINES, JAMES R</b>                    | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME                       | <b>POST OFFICE BOX 9589, SUITE 75 N/A</b> | 2. NAME   |  |
| STREET ADDRESS             | <b>NAPLES FL</b>                          | 3. STREET ADDRESS   |  |
| CITY, ST, ZIP              |   | 4. CITY, ST, ZIP  |  |
| TITLE                      |   | 21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 22. NAME  |  |
| STREET ADDRESS             |   | 23. STREET ADDRESS  |  |
| CITY, ST, ZIP              |   | 24. CITY, ST, ZIP   |  |
| TITLE                      |   | 31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 32. NAME  |  |
| STREET ADDRESS             |   | 33. STREET ADDRESS  |  |
| CITY, ST, ZIP              |   | 34. CITY, ST, ZIP   |  |
| TITLE                      |   | 41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 42. NAME  |  |
| STREET ADDRESS             |   | 43. STREET ADDRESS  |  |
| CITY, ST, ZIP              |   | 44. CITY, ST, ZIP   |  |
| TITLE                      |   | 51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 52. NAME  |  |
| STREET ADDRESS             |   | 53. STREET ADDRESS  |  |
| CITY, ST, ZIP              |   | 54. CITY, ST, ZIP   |  |
| TITLE                      |   | 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 62. NAME  |  |
| STREET ADDRESS             |   | 63. STREET ADDRESS  |  |
| CITY, ST, ZIP              |   | 64. CITY, ST, ZIP   |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6)(b), Florida Statutes. I further certify that the information included 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 empowered to make this report as required by Chapter 487, Florida Statutes, and that my name appears as Block 12 of this filing if changed, or as an attachment with my address.

SIGNATURE: **JAMES R RAINES James R Raines** 3/22/95 818-434-5778  
Signature and typed or printed name of signing officer or director