FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 02 1997 8:00am

Secretary of State

DOCUMENT # K10309

(8)

ENVIRONMENTAL CARE., INC. OF PENSACOLA

Principal Place	e of Business	Mailing Addr	Mailing Address				8184 PIPI 9183 8181 8181 8181 1881 1881
476 MCKENZIE ROAD CANTONMENT FL \$2533 US			476 MCKENZIE ROAD CANTONMENT FL 32533-8091 US				
						3. Date Incorporated or Qualified 12/30/1987	3a. Date of Last Report 03/25/1996
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address			4. FFI Number	Applied For
21 Culto Ant	ш .46	26	# 416			59-2863548	Not Applicable
Sulte, Apt. #, etc.		<u>-</u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		[27] City 8 Sta	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	··-¬			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ		Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	[29]		30			Yes No
	9, Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New Re	gistered Agent
	CK STEVE R			81	Name		
	MCKENZIE ROAD		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
CAN	ITONMENT FL 32533		83		**************************************		
**							
				84	City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, FI	orida Statute	J es, the above	-named corp	poration submits this statement for the p	urpose of changing its registered
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cl igations of, Section 6	iange was a 07.0505, Fk	nuthorized by prida Statutes	the corpora s.	lion's board of directors. I hereby accep	It the appointment as registered
SIGNATURE		_					
	Signature, typed or printed name of registereo a		(NOTE		n, signature requ	red when relestating)	DATE
12.	OFFICERS A	ND DIRECTORS	DELETE	13.	· 	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	BLACK STEVE R.	L	DECETE	1.2 NAME			Colorige C. Nacilian
STREET ADDRESS	476 MCKENZIE ROAD			1.3 STREET	ADDINE CC		
CITY-ST-ZIP	CANTONMENT FL 32533			1.4 CITY - S			
TITLE	DVS	<u></u>	DELETE	2.1 TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	BLACK SHELLEY D.						·
STREET ADDRESS	476 MCKENZIE ROAD			2.3 STREET	ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533			2.4 CHY-	S1-7IP		
TALE			DELETE	3 1 TITLE			Change Addition
NAME				3 ? NAME			
STREET ADDRESS				3.3 STREET			ļ
CITY-ST-ZIP TITLE			DELF 1E	34 CBY-5	ST - ZIP		Change Addition
NAME		<u></u>	ו מנודונ	4.1 TITLE 4.2 NAME			Li Change Li Addition
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CHY - S			
TITLE		Τ	DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			_ • -
STREET ADDRESS				5.3 STREET	ADORESS		
CITY-ST-ZIP				5.4 CITY-S	1 - 202		
TITLE			DELLTE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREFT	ADDRESS		
CITY-ST-ZIP			<u></u> . <u></u>	6.4 CITY-S	1 - 7(P		
14. I do heret informatio	oy certify that the information suppl in indicated on this annual report o	iga with this filing do supplemental annu	es not qualif al report is ti	ly for the exerue and accu	mption state irate and tha	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under oath, that i
I am an o	fficer or director of the corporation	or the receiver or tru	stee empow	ered to exec	ute this repo	rt as required by Chapter 607, Horida S	tatules; and that my name

3 1/ 20 00/10/ 0 00

Itacholient with an address.