

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000176 (6)**

1. Corporation Name
PINELLAS ENVIRONMENTAL, INC.



Principal Place of Business: **771 CORPORATE DRIVE SUITE 1000 LEXINGTON KY 40503**
Mailing Address: **771 CORPORATE DRIVE SUITE 1000 LEXINGTON KY 40503**

3. Date Incorporated or Qualified: **01/11/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **3200 110th Avenue, North**
Suite, Apt. #, etc.
22
City & State
23 **St. Petersburg, Florida**
Zip Country
24 **33716** 25
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

4. FEI Number: **APPLIED FOR 61-1275543**
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 SOUTH PINE ISLAND ROAD
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
85 Zip Code
FL

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: _____ (NOTE: Registered Agent's signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ADDINGTON, ROBERT 1500 NORTH BIG RUN ROAD ASHLAND KY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D/P 1.2 NAME: Jack T. Baker 1.3 STREET ADDRESS: 771 Corporate Drive, Suite 1000 1.4 CITY-ST-ZIP: Lexington, KY 40503
TITLE: V	ADDINGTON, STEPHEN 1500 NORTH BIG RUN ROAD ASHLAND KY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: V 2.2 NAME: John E. Murray 2.3 STREET ADDRESS: 771 Corporate Drive, Suite 1000 2.4 CITY-ST-ZIP: Lexington, KY 40503
TITLE: V	MURRAY, JOHN E 1500 NORTH BIG RUN ROAD ASHLAND KY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: V/T 3.2 NAME: R. Douglas Striebel 3.3 STREET ADDRESS: 771 Corporate Drive, Suite 1000 3.4 CITY-ST-ZIP: Lexington, KY 40503
TITLE: V	SKAGGS, W T 1500 NORTH BIG RUN ROAD ASHLAND KY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S 4.2 NAME: Sara M. Park 4.3 STREET ADDRESS: 771 Corporate Drive, Suite 1000 4.4 CITY-ST-ZIP: Lexington, KY 40503
TITLE: S	BAKER, JACK T 771 CORPORATE DRIVE, STE 1000 LEXINGTON KY	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in an attachment with an address.

SIGNATURE: *Jack T. Baker* **Jack T. Baker, President** 3/1/96 606-223-3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)