

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

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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000176 (6)
1. Corporation Name
PINELLAS ENVIRONMENTAL, INC.



Principal Place of Business 320 110THA VE N SUITE 1000 ST PETERSBURG FL 33718 US	Mailing Address 771 CORPORATE DRIVE SUITE 1000 LEXINGTON KY 40503-5440
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3. Date Incorporated or Qualified 01/11/1995	3a. Date of Last Report 03/06/1996
4. FEI Number 31-1275543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 450 E. Las Olas Blvd.
22. City & State	27. Ste. 1000
23. Zip	28. Ft. Lauderdale, FL
24. Country	29. 33301
25. Country	30. USA

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

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAKER, JACK T	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURRAY, JOHN E	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	STRIEBEL, R DOUGLAS	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARK, SARA M	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY-ST-ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harris W. Hudson	
2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1000	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard L. Handley	
3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1000	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Courtland Reddy	
5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1000	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: *Richard L. Handley* **Richard L. Handley** 3/31/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)