

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

**FILED**

**Feb 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F9800000011 (2)**  
1. Corporation Name  
**BIOENVIROTECH, INC.**



Principal Place of Business <b>14615 FM 2920 ROAD TOMBALL TX 77375</b>	Mailing Address <b>14615 FM 2920 ROAD TOMBALL TX 77375</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>76-0370405</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip		25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Florida Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b>	1.1 TITLE	<b>VP</b>
NAME	<b>NESBEIT, WILLIAM D</b>	1.2 NAME	<b>THOMAS K. MERCER</b>
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	1.3 STREET ADDRESS	<b>14615 FM 2920</b>
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	1.4 CITY-ST-ZIP	<b>Tomball, TX 77375</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>AUMANN, JAMES A</b>	2.2 NAME	
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>HODGES, HAMPTON</b>	3.2 NAME	
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>MILLER, HUBBARD C</b>	4.2 NAME	
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>SANDS, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>SESSIONS, MARI</b>	6.2 NAME	
STREET ADDRESS	<b>14615 FM 2920 ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOMBALL TX 77375</b>	6.4 CITY-ST-ZIP	

14. I 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: *Thomas K. Mercer* **THOMAS K MERCER VP/CFD (281) 351-5324**

CR2E034 (10/97)