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 # **H61780** **(3)**

1. Corporation Name
FORESTRY RESOURCES ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
4353 MICHIGAN LINK
FORT MYERS FL 33916

Mailing Address
4353 MICHIGAN LINK
FORT MYERS FL 33916

3. Date Incorporated or Qualified: **06/13/1985**
3a. Date of Last Report: **03/06/1995**

4. FEI Number: **59-2549346** [ ] 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

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

8. This corporation is subject to intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CAUTHEN, JOHN W.
4353 MICHIGAN LINK
FORT MYERS FL 33916

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TYPE **PTSD** [ ] DELETE
NAME **CAUTHEN, JOHNSON W.**
STREET ADDRESS **4353 MICHIGAN LINK**
CITY, ST, ZIP **FORT MYERS FL**
TYPE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TYPE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TYPE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TYPE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TYPE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or supplemental report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)