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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61780

(3)

FORESTRY RESOURCES ENVIRONMENTAL SERVICES, INC.

Principal Place of Business				Mailing Address					i indiani alia bisa: libli ranui saiti dal	1 E1811 81311 B	JOH GIBS EIDS I)(01) (00)
4353 MICHIGAN LINK FORT MYERS FL 33916				4353 MICHIGAN LINK FORT MYERS FL 33916-2318								
									3. Date Incorporated or Qualified 06/13/1985		ate of Last Re 05/1996	eport
	lace of Business	2a. Ma	2a. Mailing Address					4. FEI Number	······································	\$	oplied For	
Suite, Apt.	4 -40	26	Suite, Apt. #, etc.					59-2549346			ot Applicable	
22 Suite, Apr.	#, etc.		27					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	0	·····	City & State					6. Election Campaign Financing		\$5.00	May Re	
23			28	28					Trust Fund Contribution		Added t	
Z(p 24	Country 25		Zıp 29			Country			This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
		Address of Currer	t Registere	d Agent					10. Name and Address of New R	egistered	Agent	
	THEN, JOHN V			81 Name			ne					
	3 MICHIGAN LIN T MYERS FL 33					Stre	et Addre	ss (P.O. Box Number is Not Accepta	ble)			
							City			FL	85 Zip (Code
11, Pursuant	to the provisions	of Sections 607.050	2 and 607.1	508, Florida Stat	utes, th	e above	nam	ed corpo	pration submits this statement for the	purpose of	I changing it	ts registered
agent. La	m familiar with, a	nd accept the oblig	ations of, Se	ction 607.0505, I	Florida	Statutes	i.	o por acc	on's board of directors, I hereby according	op: n.c upp	Of the state of	registores
SIGNATURE	En that broad or one	ned name of registered agr	nt and tille if any	Museum /Museum	OTE: Renie	and hater	nt ainns	hura requirer	1 when reinstating)	DATE		
12.	organization (participation)	OFFICERS AN				13.		toto roquire	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	PTSD			DELETE	1	1.1 TITLE					Change	Addition
NAME CAUTHEN, JOHNSON W.			1.2 &			1.2 NAME						
STREET ADDRESS 4353 MICHIGAN LINK			1			1.3 STREET ADDRESS		SS .				
CITY-ST-ZIF	FORT MYERS	FL		DELETE		1.4 CITY-S	T-ZIP				Change	Addition
TILLE				F") DETEIR		2.1 TITLE					L. Change	L_1 Addition
NAME STREET ADDRESS						2.2 NAME 2.3 STREET	ADDRE	20				
CITY-ST-ZIP	\ \					2. 4 CITY-9		~				
TITLE				DELETE		3.1 TITLE					Change	Addition
NAME					3	3.2 NAME						
STREET ADDRESS	ļ				_ i	3.3 STREET	ADDAE	SS				
CITY-ST-ZIP						3.4. CITY - S	37-ZIP					
THLE				☐ DELETE	4	4.1 TITLE					Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS					1	4.3 STREET	addre	SS				
CITY-ST-ZIP						4.4 CITY - S	T- <i>T</i> IP		······································		112	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				DELETE		5.1 TITLE					☐ Change	Addition Addition
NAME					- 1	5.2 NAME						
STREET ADDRESS						5.3 STREET		SS				
CITY - ST - ZIP			,	DELETE		5.4 CITY - S	T-ZIP	<u> </u>		····	Change	E delika -
TITLE				☐ DELETE		6.1 TITLE					Change	Addition
NAME	\					6.2 NAME		.				
STREEL ADDRESS					_ [·	6.3 STREET	ADDRE	SS				

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true at I am an officer or director of the corporation or the receiver or trustee employees appears in Block 12 or Block 13 if changed, or on an attachment with a process.

31/97 94/-332-42

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nd accurate and that his signature shall have the same legal effect as if made under oath; that to execute this report is required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 12 1997 8:00am

Secretary of State