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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # H62420 (5)

1. Corporation Name
SDI ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
13911 N. DALE MABRY SUITE 201 TAMPA FL 33618	13911 N. DALE MABRY SUITE 201 TAMPA FL 33618-2414

3. Date Incorporated or Qualified: 06/17/1985
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-2543820 ☐ 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	10. Name and Address of New Registered Agent
DAVIS, PHILLIP R 13911 N. DALE MABRY SUITE 201 TAMPA FL 33618	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 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 required of the named registered agent and the new agent. *NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PHILLIP R	1.2 NAME	
STREET ADDRESS	13911 N. DALE MABRY, #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	
TITLE	S XX DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, MARK A	2.2 NAME	
STREET ADDRESS	13911 N. DALE MABRY, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Andrea L. Davis	3.2 NAME	
STREET ADDRESS	13911 N. Dale Mabry #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33618	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 with an arrow or on an attachment with an address.

SIGNATURE: Phillip R. Davis 2/21/97 813/961-1935
OFFICER OR DIRECTOR OR AGENT OR AUTHORIZED REPRESENTATIVE OR DESIGNATED OFFICER OR DIRECTOR