

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

FILED

**May 14 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 # J08863 (9)
1. Corporation Name
ENVIROTECH SOUTHEAST, INC.



Principal Place of Business: **1819 ALBERT STREET JACKSONVILLE FL 32202-1103**
Mailing Address: **1819 ALBERT STREET JACKSONVILLE FL 32202-1103**

3. Date Incorporated or Qualified: **04/11/1986**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2645027**
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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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
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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C <input type="checkbox"/> DELETE	NAME: STANTON, EDWARD	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 8363 WOODWAY STE. 300	CITY-STATE-ZIP: HOUSTON TX	1.2 NAME:	1.3 STREET ADDRESS: 1819 ALBERT STREET
TITLE: PD <input type="checkbox"/> DELETE	NAME: JEFFERY K. RICHARDS	1.4 CITY-STATE-ZIP: JACKSONVILLE FL 32202	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1819 ALBERT STREET	CITY-STATE-ZIP: JACKSONVILLE FL	2.2 NAME: BILL BISHOP	2.3 STREET ADDRESS: 1819 ALBERT STREET
TITLE: <input type="checkbox"/> DELETE	NAME:	2.4 CITY-STATE-ZIP: JACKSONVILLE FL 32202	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.4 CITY-STATE-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.4 CITY-STATE-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY-STATE-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.4 CITY-STATE-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: *[Signature]* **Bill Bishop** 4/21/97 (904) 355-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)