

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

FILED

**Jan 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J53932 (6)

1. Corporation Name
KING ENVIRONMENTAL, INC.

Principal Place of Business 24945 US 19 NO. CLEARWATER FL 34623	Mailing Address 24945 US 19 NO. CLEARWATER FL 34623
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5010 W KENNEDY BLVD.	22 SUITE 200	26 5010 W KENNEDY BLVD.	27 SUITE 200	01/28/1987	
City & State 23 TAMPA, FL 33609		City & State 28 TAMPA, FL 33609		4. FEI Number	
24 33609	25 Hillsborough	29 33609	30 Hillsborough	59-2760626	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARANOWSKI, JEROME 24945 US 19 NO. CLEARWATER FL 34623				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				5010 W KENNEDY BLVD	
				83 SUITE 200	
				84 City	
				TAMPA, FL	
				85 Zip Code	
				33609	

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, EDWIN	1.2 NAME	
STREET ADDRESS	24945 US 19 N 5010 W KENNEDY BLVD, #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL TAMPA, FL 33609	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOWSKI, JEROME	2.2 NAME	
STREET ADDRESS	24945 US 19 N 5010 W KENNEDY BLVD, #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL TAMPA, FL 33609	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **NAME REQUIRED** 1/15/98 813-282-0111

CR2E034 (10/97)