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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60710

ENVIRONMENTAL RESEARCH CONSULTANTS, INC.

Principal Place of Business Mailing Address 2557 US 27 SOUTH 2557 US 27 SOUTH G/O-MICHAEL J TROMBLEY C/O MICHAEL J TROMBLEY SEBRING FL 33870 SEBRING FL 33870-2125 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1987 04/14/1996 28. Mailing Address 26. 2557 US 27 South 4. FEI Number Applied For 59-2856141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DELANEY, KRIS R. 2557 US 27 S. 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 83 Zip Code 84 City 85 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative type per printed name of regressed agest and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE DELANEY, KRIS R. 1.2 NAME R2E034 NAME 38 N HIGHLANDS AVE 1.3 STREET ADDRESS STREET ACORESS AVON PARK FL 1.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CHY-ST-718 Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME HAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS**

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

6.4 CITY-ST-ZIP

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:

TITLE

NAMÉ

STREET ADDRESS

SIGNATURE AND TYPED OF

Daytime Phone I

FILED

Jan 23 1997 8:00am

Secretary of State