

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K41164 (0)

1. Corporation Name

ENVIRONMENTAL PUMPING SERVICES, INC.



Principal Place of Business

Mailing Address

C/O MR. HERBERT BROWN
P.O. BOX 1079
CLEARWATER FL 34617-8079

C/O MR. HERBERT BROWN
P.O. BOX 1079
CLEARWATER FL 34617-8079

3. Date Incorporated or Qualified
10/26/1988

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 121 N. CEDAR AVE 25 P.O. Box 509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S 306

27

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER FL

Zip

Country

Zip

Country

24 34618

25 USA

29 34617

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JARED D
600 CLEVELAND ST
STE S-800
CLEARWATER FL 34615

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ABRAHAM, DOUG
STREET ADDRESS 600 CLEVELAND ST 10TH FL
CITY-ST-ZIP CLEARWATER FL

DELETE

TITLE DS
NAME BROWN, JARED D.
STREET ADDRESS 600 CLEVELAND ST 10TH FL
CITY-ST-ZIP CLEARWATER FL

DELETE

TITLE D
NAME BROWN, ROBERT G.
STREET ADDRESS 600 CLEVELAND ST 10TH FL
CITY-ST-ZIP CLEARWATER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)