FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K51789** **(1)**

1. Corporation Name
EPI, ENVIRONMENTAL PROFESSIONALS, INC.

Principal Place of Business
5700 ST AUGUSTINE RD
JACKSONVILLE FL 32207

Mailing Address
5700 ST AUGUSTINE RD
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 12/16/1988
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21 4190 Belfort Road
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Jacksonville, FL
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 4190 Belfort Road
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Jacksonville, FL
Zip 29 32216 Country 30 USA

4. FEI Number: 59-2925212 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
GALLOP, ROGER G.
5700 ST AUGUSTINE RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4190 Belfort Road
83 Suite 200
84 City: Jacksonville FL 85 Zip Code: 32216

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: Roger G. Gallop, President 2/11/96
(Signature of a Corporate Officer or Director) (Printed Name and Capacity of Signer) Date

12. OFFICERS AND DIRECTORS

TITLE	PS	[ ] DELETE
NAME	GALLOP, ROGER G.	
STREET ADDRESS	153 TURTLE BAY LANE	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	T	[X] DELETE
NAME	GALLOP, KATHARINE G.	
STREET ADDRESS	153 TURTLE BAY LANE	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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 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 hereof, or on an attachment with an address.

SIGNATURE: Roger G. Gallop 2/11/96 904-281-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #