

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

FILED
Mar 17 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 # L29009 (2)

1. Corporation Name
ENVIROQ SERVICES, INC.

Principal Place of Business
11511 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address
P. O. BOX 41629
JACKSONVILLE FL 32203-1629
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1989		3a. Date of Last Report 02/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3035326		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent JOHNSTON, BARBARA C. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202				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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAIRD, JAMES J., JR			1.2 NAME			
STREET ADDRESS	11511 PHILLIPS HWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDERHOLD, TERRY W			2.2 NAME			
STREET ADDRESS	6507 BURNHAM CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALUSHMAN, JEROME			3.2 NAME			
STREET ADDRESS	18022 EDISON AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHESTERFIELD MO			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AFFHOLDER, ROBERT W			4.2 NAME			
STREET ADDRESS	18022 EDISON AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHESTERFIELD MO			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYES, J THOMAS JR			5.2 NAME			
STREET ADDRESS	11511 PHILLIPS HIGHWAY S			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSON, JOSEPH F			6.2 NAME			
STREET ADDRESS	18022 EDISON AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHESTERFIELD MO			6.4 CITY-ST-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 owner 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:

J.J. Baird, Jr.

3/3/97

904/262-5802

CR2E034 (9/96)