

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38771 (6)

1. Corporation Name
MEDICO ENVIRONMENTAL SERVICES, CORP.

Principal Place of Business 13200 58TH ST. N. CLEARWATER FL 34620 US	Mailing Address 13200 58TH ST. N. CLEARWATER FL 34620-3903 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/21/1989	3a. Date of Last Report 02/29/1996
4. FEI Number 59-3004111	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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 ☐ Yes ☐ No	

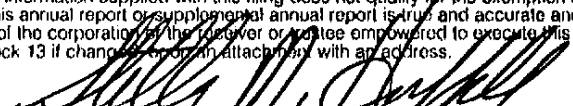
9. Name and Address of Current Registered Agent GERALD B. HUBBELL 499 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34640	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when consolidating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD HUBBELL, GERALD B 499 N INDIAN ROCKS RD BELLEAIR BLUFFS FL	1.1 TITLE	☐ Change ☐ Addition
NAME	NAME	1.2 NAME	
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	VPD VAILLANCOURT, ROBIN A 2342 KINGS PT DR. LARGO FL	2.1 TITLE	☐ Change ☐ Addition
NAME	NAME	2.2 NAME	
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	TD HUBBELL, STELLA M 499 N INDIAN ROCKS RD BELLEAIR BLUFFS FL	3.1 TITLE	☐ Change ☐ Addition
NAME	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	VPD COURTNEY, W. ROY 605 BAYVIEW DR. BELLEAIR BLUFFS FL	4.1 TITLE	☐ Change ☐ Addition
NAME	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	D BARODY, MICHAEL A 455 N. INDIAN ROCKS RD. BELLEAIR BLUFFS FL	5.1 TITLE	☐ Change ☐ Addition
NAME	NAME	5.2 NAME	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 from an attachment with an address.

SIGNATURE:  3-20-97 913-531-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (9/96)