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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015374 (1)

ENVIRO MED COMPLIANCE, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

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607 S. ALEXAN STE205 PLANT CITY FI US 2. Principal PI 21	NDER	607 S. ALEXANDER STE 205 PLANT CITY FL 33566-5 US 2a. Mailing Address 26	5050		<u> </u>	3. Date Incorporated or Qualified 12/30/1992 4. FEI Number 59-3155820		e of Le 25/199	st Report 6 Applied For Not Applicable
Suite, Apl 1	N, etc.	Suite, Apt. #, etc.			,	Certificate of Status Desired		7	5 Additional Required
City & State	!	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry			Yes [No	er s. 199.032,
····	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	istered A	gent	
	ron, terry g			81	Name				
	S ALEXANDER NT CITY FL 33566			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
				63					
				84	City		FL	85	Zip Code
SIGNATURE	to the provisions of Sections 607.056 ogistered agent, or both, in the State or familiar with, and accept the oblight Signature, typed or printed name of registered ag					poration submits this statement for the p ition's board of directors. I hereby accep ired when reinstating)	the appo	changii intmen	ng its registered t as registered
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC:	ORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CAPRON, TERRY G 2004 GOLFVIEW DRIVE N PLANT CITY FL	DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CF	WE REET	ADDRESS 1- Zip			Char	ge Addition
TITLE NAME STREET ADDRESS CITY: \$1 - ZIP	DSV CAPRON BARBARA 2004 GOLFVIEW DR NO PLANT CITY FL	☐ DELETE	2.1 Tri 2.2 N/	ILE IME REET	ADORESS			Char	ge 🔲 Addition
TILLE NAM: STREET ADDRESS CITY: \$1-2iP	DV BRANNON, PAT 617 E TRAPNELL RD PLANT CITY FL	□ DELETE	3.1 Tr 3.2 N/	TLE NME REET	ADORESS			Char	ge 🔲 Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	D Brannon, Ted 617 E Trapnell RD Plant City Fl	DELETE	4.1 Tr 4.2 N	TLE AME REET	address			☐ Char	ge Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 T/ 5.2 N/	TLE VME REET	ADDRESS			Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY STIZIP		☐ DELETE	6.1 TI 6.2 N/ 6.3 ST 6.4 CF	TLE AME REET . TY-ST	AODRESS 1-Zip	d in Section 110 07(3Vi). Florida Statuto		Char	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 composition 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:

TERRY G. CAPTON
TURE BY TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-17-97

813-754-3001