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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000015551 (3)

EISENHOUR ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

86 RIVERSIDE AVE. JACKSONVILLE FL 32202 Mailing Address

86 RIVERSIDE AVE. JACKSONVILLE FL 3220

FILED May 06 1998 8:00am Secretary of State



JACKSONVILLE FL 32202		JACKSONVILLE FL 32202		DO NOT WRITE IN	THIS SPACE		
					3, Date Incorporated or Qualified 02/23/1993		
	ace of Business Road	2a. Mailing Address			4, FEI Number	Ar	plied For
21 6 5111-6 BAYMEADOWS 26 5111-6 BAYME			ADOWS	RD	59-3161978	No	t Applicable
Suite, Apt. #, etc. 22 #167		Suite, Apt. #, etc. 27 # 16 7		5. Certificate of Status Desired	3 8.75 Fee Re		
City & State		City & State		-	6. Election Campaign Financing	\$5.00	May Be
23 JACK	SONVILLE FL	28 JACKSONVI			Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has paid to		
24 3221	25		10		Personal Property Tax due June 30.		No
FIA	g. Name and Address of Current	Hegistered Agent	81 Nar		10. Name and Address of New Regist	ered Agent	
EISENHOUR, DENNIS L				ie			
10754 CLYDESDALE DRIVE E.			82 Street Address (P.O. Box Number is Not Acceptable)				
JAC	XSONVILLE FL 32257		83				
			63				
			84 City			85 Zip (Code
	1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D					FL 65 2.15	
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 profed name of regularing agent	and the if and explo	Registered Agent signs	luto regulaçõe	d whon (einetating)	DATE	
12.	OFFICERS AND		13.	tore required	ADDITIONS/CHANGES TO OFFICER	· · · · · · · · · · · · · · · · · · ·	S IN 12
TITLE	P	DELETE	1.1 TOLE	<u>r</u>	ABBITIONS/OFFANGES TO OFFIGER	Change	Addition
NAME	EISENHOUR, DENNIS L	- -	1.2 NAME				_
STREET ADDRESS	10754 CLYDESDALE DRIVE, E.		1.3 STREET ADDRES	:s			ì
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	~			
TITLE	<u>डा</u>	DELETE	2.1 TITLE			Change	Addition
NAME	EISENHOUR, MARILYN H	_	2 2 NAME			_ ,	_
STREET ADDRESS	10754 CLYDESDALE DRIVE, E.		2.3 STREET ADDRES	ss)			ì
CITY-ST-ZIP	JACKSONVILLE FL 32257		2. 4 CiTY-ST-ZIP			•	
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			_ •	_
STREET ADDRESS			3.3 STREET ADDRES	is l			ļ.
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	1		Change	Addition
NAME			4. 2 NAME			•	ł
STREET ADDRESS			4.3 STREET ADDRES	s			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				Ì
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TIFLE	 -		Change	Addition
NAME		-	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	s			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			5-	
STREET ADDRESS			6.3 STREET ADDRES	s			
CITY-ST-ZIP			64 CITY-ST-ZIP	-			
14. I hereby co	ertify that the information supplied with	this filing does not qualify for	the exemption sl	ated in S	ection 119.07(3)(i), Florida Statutes. I furth	ner certify that the	information
indicated of officer or of	on this annual report or supplemental :	armual report is true and accur rer or trusted empowered to ex	ate and that my	signature	shall have the same legal effect as if ma red by Chapter 607, Florida Statutes; and	de under oath; tha	tiam an