

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 # P93000041470 (4)

1. Corporation Name

ENVIRONMENTAL ASSESSMENTS & CONSULTING, INC.



Principal Place of Business		Mailing Address	
21 1420 STATE STREET	26 1343 MAIN ST	STE 205	
Suite, Apt. #, etc.	SARASOTA FL 34236	US	
22 City & State	27 City & State	28 SARASOTA FL	
23 SARASOTA FL	29 34236	30 US	
24 Zip	25 US	29 34236	
26 US	30 US		
9. Name and Address of Current Registered Agent			
DRAKE, J. KEVIN ESQ. 1343 MAIN STREET SUITE 204 SARASOTA FL 34236			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
FL			
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 title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	BRADSHAW, JOHN P	
NAME		3509 RIVIERA DRIVE	
STREET ADDRESS		SARASOTA FL 34232	
CITY-ST-ZIP			
TITLE	D	SCHMIDT, DAVID R	
NAME		1343 MAIN ST STE 205	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1652 Waldenmere Street	
1.2 NAME		Sarasota, FL 34239	
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		3306 RAMBLINGWOOD POKE	
2.2 NAME		SARASOTA, FL 34237-3826	
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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)(b), 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 or on an attachment with an address.			
SIGNATURE: [Signature]			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)