

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 # P94000011534 (2)

1. Corporation Name

READ'S ENVIRONMENTAL PRODUCTS, INC.



Principal Place of Business		Mailing Address	
HWY 129 NORTH LIVE OAK FL 32060 US		P.O. BOX 192 LIVE OAK FL 32060	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. P.O. Box 1177	
22. City & State		27. City & State	
23. Zip		28. Live Oak, FL	
24. Country		29. 32060	
25. Country		30. U.S.A.	
3. Date Incorporated or Qualified		3a. Date of Last Report	
02/11/1994		02/06/1995	
4. FEI Number		Applied For	
59-3229045		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
READ, JOHNNY L II HIGHWAY 129 NORTH LIVE OAK FL 32060		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	READ, JOHNNY L II	1.2 NAME	
STREET ADDRESS	P.O. BOX 192 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	READ, BEVERLY A	2.2 NAME	
STREET ADDRESS	P.O. BOX 192 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)