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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Blo

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000045240 (6)**

CARROLL ENVIRONMENTAL SERVICES. INC.

118 DEBRON DR 118 DEBRON DR NAPLES FL 34112-5257 NAPLES FL 33962 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1994 06/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0503014 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 2ip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARROLL, PATRICIA M 118 DEBRON DR 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 83 City 84 Zip Code 85 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, hyperdish primition can lead requisitered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE THUE CARROLL, PATRICIA M. 1.2 NAME NAME 118 DEBRON DR. 1.3 STREET ADORESS STREET ADDRESS NAPLES FL CITY - ST - ZVP 1 4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE Till. F 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZiP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS COTY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAM: STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THILE 6.1 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 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 of 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 or beautiful or corporation of the product of

FILED

Jan 28 1997 8:00am

Secretary of State

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