

FILED

May 06 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 06 1997 8:00am Secretary of State	
DOCUMENT # P9500008578Z 1. Corporation Name: <i>ENVIROTECH SERVICES, INC.</i>					
Principal Place of Business:			Mailing Address:		
<i>109 MARLER ST., STA A</i>			<i>P.O. Box 5739</i>		
<i>DESTIN, FL 32541</i>			<i>DESTIN, FL 32541</i>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
				<i>11-8-95</i>	
21. State, Apt. # etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report	
				<i>5-1-96</i>	
22. City & State		27. City & State		4. FEI Number	
				<i>59-3342426</i>	
23. Zip		28. Country		Applied For / Not Applicable	
				<input type="checkbox"/>	
24. Country		29. Zip		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> Yes \$ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> No \$ \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MATTHEWS, DANA C. 607 Hwy. 98 EAST DESTIN, FL 32541			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 _____ DATE _____					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] DELETE [] Change [] Addition	
[] DELETE	DPT LANCASTER, JOHN	4890 WILL BELT ST.	ACWORTH, GA 30101		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] CHANGE [] ADDITION	
[] DELETE					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] CHANGE [] ADDITION	
[] DELETE					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] CHANGE [] ADDITION	
[] DELETE					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] CHANGE [] ADDITION	
[] DELETE					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] CHANGE [] ADDITION	
[] DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				Date	
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	[] Change [] Addition	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	[] Change [] Addition	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	[] Change [] Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	[] Change [] Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	[] Change [] Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	[] Change [] Addition	
14. I do hereby certify that the information supplied with this filing 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 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 and Typed or Printed Name of Signing Officer or Director	
SIGNATURE: <i>Debra L Shaffer</i> — DEBRA L SHAFFER				Date: <i>4-30-97</i> Daytime Phone #: <i>904-650-0995</i>	

CR2E034 (9/96)