

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

FILED

**Apr 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011904 (5)
1. Corporation Name
RANKIN BROWN ENVIRONMENTAL SERVICES CORPORATION



Principal Place of Business 4112 WEST PENSACOLA STREET TALLAHASSEE FL	Mailing Address 4112 WEST PENSACOLA STREET TALLAHASSEE FL 32304-9798
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2. Principal Place of Business 21 208 N. PEARL ST Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 995 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/07/1996	3a. Date of Last Report
22 JACKSONVILLE FL City & State		27 JACKSONVILLE, FL City & State		4. FEI Number 59-3358102	Applied For Not Applicable
24 32202	25 US	29 32202	30 US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent - PANEBIANCO, THOMAS F 4112 WEST PENSACOLA STREET TALLAHASSEE FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent - PANEBIANCO, THOMAS F 4112 WEST PENSACOLA STREET TALLAHASSEE FL				10. Name and Address of New Registered Agent	
				B1 Name	GERALDINE B. ROBBINS
				B2 Street Address (P.O. Box Number is Not Acceptable)	208 N. PEARL ST
				B3	
				B4 City	JACKSONVILLE FL
				B5 Zip Code	32202

SIGNATURE: *G.B. Robbins* **G.B. ROBBINS** **3/26/97**
Signature of the registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, GERALDINE B.	1.2 NAME	ROBBINS, GERALDINE B.
STREET ADDRESS	208 N. PEARL ST	1.3 STREET ADDRESS	208 N. PEARL ST
CITY - ST - ZIP	JACKSONVILLE FL 32202	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *G.B. Robbins* **G.B. ROBBINS** **3/26/97** **904 877-0076**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)