

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000016238 (3)**  
 1. Corporation Name  
**ENVIRONMENTAL, HEALTH & SAFETY FIRST, INC.**



Principal Place of Business: **41 COCHISE COURT PALM COAST FL 32137**

Mailing Address: ~~445-20 ST. ROAD 131N~~  
~~4000~~  
**JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3442869	
City & State		City & State		APPLIED FOR	
23		28		5. Certificate of Status Desired	
Zip		Zip		8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25		30		5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MEREDITH ALLEN HERNANDEZ</b> <del>445-20 ST. ROAD 131NVE NORTH</del> <del>4000</del> <b>JACKSONVILLE FL 32257</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 JACKSONVILLE, FL			
				84 City			
				FL		85 Zip Code	
						32257	

11. Pursuant to the provisions of Sections 607.0505 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 and jurisdiction. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Meredith Allen Hernandez* DATE: **4/7/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MEEKER, FRANK J</b>	1.2 NAME	
STREET ADDRESS	<b>41 COCHISE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MEEKER, DEBBIE R</b>	2.2 NAME	
STREET ADDRESS	<b>41 COCHISE COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	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 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 in an attachment with an address.

SIGNATURE: *F O Meeker* *4-19-98 (904) 288-8999*

CR2E034 (10/97)