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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000029170**

1. Corporation Name

TALBOT ENVIRONMENTAL, INC.

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90016 040 ***150.00



Principal Place of Business		Mailing Address	
380 SEMORAN COMMERCE PLACE A-103 APOPKA FL 32703 US		380 SEMORAN COMMERCE BLVD. A-103 APOPKA FL 32703 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**TALBOT, TIMOTHY J.
380 SEMORAN COMMERCE PLACE
STE. A-103
APOPKA FL 32703**

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	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	D	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	TALBOT, TIMOTHY J		1.2 NAME	
STREET ADDRESS	380 SEMORAN COMMERCE PL A103		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	
TITLE	VICE President	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Talbot, Timothy J		2.2 NAME	
STREET ADDRESS	380 Semoran Commerce Pl.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Apopka, FL 32703		2.4 CITY-ST-ZIP	
TITLE	Treasurer	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Talbot, Timothy		3.2 NAME	
STREET ADDRESS	380 Semoran Commerce Pl.		3.3 STREET ADDRESS	
CITY-ST-ZIP	Apopka, FL 32703		3.4. CITY-ST-ZIP	
TITLE	Secretary	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talbot, Timothy J.		4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	380 Semoran Commerce Pl.		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	Apopka, FL 32703		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE TYPED OR PRINTED

Timothy J. Talbot

2/9/99 (407) 886-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRF034 (11/98)