FILE NOW: FILING FEE AFTER MAY 1 IS \$550100

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT STATE

Sandra B. Mori

Secretary of St DIVISION OF CORPO

IONS

POCUMENT # P96000073931 (3)

GRAYSON INDUSTRIES ENVIRONMENTAL AND ENERGY SYST EMS, INC.

Principal Place of Business Mailing Address			ss	F DEMONSTRUCTE WITH THE FIRST BOLIST BONIS BONIS DESIGNATION FOR THE FIRST BOND STAND WAS FORE					1944 0 10100 11191 9101 1001	
2035 DODGE S' CLEARWATER F		2035 DODGE S CLEARWATER								
							Date Incorporated or Qualified 09/03/1996	3a. Da	te of Last Report	
Principal Place of Business 1		2a. Mailing Ad 26	dress				FEI Number 59 - 3399 68	7	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Orty & State		City & State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7(p 24	Country Zip C 25 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No						
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
GRAYSON, KENT N				61	Name					
2035 DODGE STREET CLEARWATER FL 34620				82	Street Address	et Address (P.O. Box Number is Not Acceptable)				
•				83						
				84	City			FL	85 Zip Code	
office or re agent. Lar	o the provisions of Sections 607.6 egistered agent, or both, in the St in familiar with, and accept the ob	tate of Florida. Such ch	ange was authorized	i bv	the corporation	ation 's bo	n submits this statement for the oard of directors. I hereby acc	purpose of ept the app	changing its registered ointment as registered	
SIGNATURE	Significine typed or printed name of registered	I goent and little if applicable	(NOTE: Bagistered	Ager	nt signature required v	when re	reinslating)	DATE		
12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN								DIRECTORS IN 12		

DELETE 1.1 TITLE THE 1.2 NAME N. 6-70 NAME 1.3 STREET ADDRESS STREET ADDRESS City-St-2iP 1.4 City-St-ZIP DELETE 2.1 TITLE Change **Addition** TIPLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-7#P 3 4. CITY - ST - ZIP DELETE Change Addition T.TLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TOLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 100002170581 -05/08/97--01005--018 ***165 00 DELETE 6.1 THLE Addition TITLE NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 6.4 CITY-ST-ZIP CHY-S1-7P

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 coccopiation 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 gray ged, or on an attachment with an address.

SIGNATURE

FILED

May 05 1997 8:00am

Secretary of State