

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90082 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000689

1. Corporation Name
ATRA OCCUPATIONAL AND ENVIRONMENTAL SERVICES, INC



Principal Place of Business MAGNOLIA CENTRE I 1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR TALLAHASSEE FL 32301	Mailing Address MAGNOLIA CENTRE I 1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1997	
21		26		4. FEI Number 59-3418627	Applied For <input type="checkbox"/> Nct Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERNKE, MICHAEL J			1.2 NAME			
STREET ADDRESS	534 MEADOW RIDGE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			1.4 CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDINSKY, ROBERT A			2.2 NAME			
STREET ADDRESS	2665 NOBLE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			2.4 CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELL, JOHN D			3.2 NAME			
STREET ADDRESS	9247 OAKFAIR DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311			3.4 CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	John T. Harbison			4.2 NAME			
STREET ADDRESS	2355 Surf Road			4.3 STREET ADDRESS			
CITY-ST-ZIP	Panacea FL 32346			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Eal Lynch			5.2 NAME			
STREET ADDRESS	1203 Governors Sq. Blvd. 6th Floor			5.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee FL 32301			5.4 CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Dennis Brown			6.2 NAME			
STREET ADDRESS	4501 Tamiami Trail North # 200			6.3 STREET ADDRESS			
CITY-ST-ZIP	Naples Florida 34103			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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John T. Harbison* **John T. Harbison** 4-24-99 (850) 309-0022
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)