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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90042 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000019825**

1. Corporation Name  
**SOIL TREATMENT OF FLORIDA, INC.**

Principal Place of Business <b>14497 N DALE MABRY HWY. SUITE 240 TAMPA FL 33618</b>	Mailing Address <b>14497 N DALE MABRY HWY. SUITE 240 TAMPA FL 33618</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>02/27/1997</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3434917</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARLTON, WALTER R  
14497 N DALE MABRY HWY, SUITE 240  
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name <b>CT Corporation System</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b>
83
84 City <b>Plantation</b>
85 Zip Code <b>FL 33324</b>

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 *Marcia J. Sunahara*, Asst. V.P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/18/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLIN, DONALD P</b>	1.2 NAME	
STREET ADDRESS	<b>999 FT PICKENS RD, SUITE 109</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, MICHAEL J</b>	2.2 NAME	
STREET ADDRESS	<b>14497 N DALE MABRY HWY, SUITE 240</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEBERT, BRIAN A</b>	3.2 NAME	
STREET ADDRESS	<b>122 S LOCKSLEY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAFAYETTE LA 70508</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLTON, WALTER R</b>	4.2 NAME	
STREET ADDRESS	<b>14497 N DALE MABRY HWY, SUITE 240</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael J. Ma* Vice President

**3-15-99**

Date

**813/264-3506**

Daytime Phone #

CR2E034 (11/98)