

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

FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000062367 (2)**

1. Corporation Name  
**ENVIROMED COMPLIANCE CONSULTING, INC.**



Principal Place of Business <b>607 S. ALEXANDER ST. STE. 205- PLANT CITY FL 33566</b>	Mailing Address <b>607 S. ALEXANDER ST. STE. 205- PLANT CITY FL 33566</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>607 S. Alexander St.</b> Suite, Apt. #, etc. 22 <b>104</b> City & State 23 <b>Plant City, FL</b> Zip 24 <b>33566</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 5072</b> Suite, Apt. #, etc. 27 <b>Clearwater, FL</b> City & State 28 Zip 29 <b>33758</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/17/1997</b>	
		4. FEI Number <b>59-3471471</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPRON, TERRY**  
**607 S. ALEXANDER ST. STE. 205**  
**PLANT CITY FL 33566**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPRON, TERRY		1.2 NAME		
STREET ADDRESS	2004 GOLFVIEW DRIVE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPRON, BARBARA		2.2 NAME		
STREET ADDRESS	2004 GOLFVIEW DRIVE N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIDD, SUSAN		3.2 NAME		
STREET ADDRESS	1524 PRICE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIDD, DAVID		4.2 NAME		
STREET ADDRESS	1524 PRICE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		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.

SIGNATURE: *Susan C. Skidd* 2/23/98 (813) 754-3001

CR2E034 (10/97)