


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90200 043 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000000350 1. Corporation Name HUNTER ENVIRONMENTAL SERVICES, INC. | | | |
| Principal Place of Business 16505 LAKE BRIGADOON DRIVE TAMPA FL 33618 | | Mailing Address P.O. BOX 270696 TAMPA FL 33688-0696 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 21 16505 Lake Brigadoon Circle Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State 23 Tampa, FL | | 27 City & State | |
| 24 33618 25 USA | | 28 City & State | |
| 29 Zip | | 30 Country | |
| 9. Name and Address of Current Registered Agent HUNTER, PATRICK F 16505 LAKE BRIGADOON DRIVE Circle TAMPA FL 33618 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City | |
| 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, and further with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Patrick F. Hunter DATE 5/24/99 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

Date

Daytime Phone #

CR2E034 (11/98)