

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90040 001 ***158.75

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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000057872

1. Corporation Name
ENVIRONMENTAL LABORATORY SOLUTIONS, INC.

Principal Place of Business
 6314 CORPORATE CT. SUITE C
 FT MYERS FL 33919

Mailing Address
 6314 CORPORATE CT. SUITE C
 FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1998	
4. FEI Number 65-0854698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

MOULD, PHILLIP M
6314 CORPORATE CT, SUITE C
FT MYERS FL 33919

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, President <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDERFIELD, WILLIAM L	1.2 NAME	
STREET ADDRESS	6314 CORPORATE CT, SUITE C	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	1.4 CITY-ST-ZIP	
TITLE	D, Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULD, PHILLIP M	2.2 NAME	
STREET ADDRESS	6314 CORPORATE CT, SUITE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, BOB	3.2 NAME	Director
STREET ADDRESS	6314 CORPORATE CT, SUITE C	3.3 STREET ADDRESS	Charles Ezelle
CITY-ST-ZIP	FT MYERS FL 33919	3.4 CITY-ST-ZIP	6314 Corporate Court, Ste "C"
TITLE	D, Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, JACK	4.2 NAME	Fort Myers, Florida
STREET ADDRESS	6314 CORPORATE CT, SUITE C	4.3 STREET ADDRESS	33919
CITY-ST-ZIP	FT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHE, DON	5.2 NAME	
STREET ADDRESS	6314 CORPORATE CT, SUITE C	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	5.4 CITY-ST-ZIP	
TITLE	D, Vice President <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, R. ALAN	6.2 NAME	
STREET ADDRESS	6314 CORPORATE CT, SUITE C	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	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: William L. Holderfield, Pres. 01/04/1999 (941) 432-9626

CR2E034 (11/98)