

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S38607** (5)

1. Corporation Name  
**ENVIRONMENTAL LAND SERVICES, INC.**



Principal Place of Business

**6314 CORPORATE CT  
STE C-1  
FT MYERS FL 33919  
US**

Mailing Address

**6314 CORPORATE CT  
STE C-1  
FT MYERS FL 33919  
US**

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number **65-0252170** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRUNETT, PHILIP L  
2449 FIRST STREET  
FT MYERS FL 33902**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 firm if applicable.

(If both Registered Agent and Director, indicate later registration)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PSST HOLDERFIELD, WILLIAM L</b>
STREET ADDRESS	<b>703 HUTTO ROAD</b>
CITY- ST- ZIP	<b>N. FT. MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP DEORIE, DAVID G</b>
STREET ADDRESS	<b>6314 CORPORATE COURT</b>
CITY- ST- ZIP	<b>FT. MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP WELCH, R. A</b>
STREET ADDRESS	<b>114 NE 17TH AVE.</b>
CITY- ST- ZIP	<b>CAPE CORAL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP JONES, LINDA F</b>
STREET ADDRESS	<b>703 HUTTO ROAD</b>
CITY- ST- ZIP	<b>N. FT. MYERS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP MELILLO, JEAN M</b>
STREET ADDRESS	<b>6314 CORPORATE COURT</b>
CITY- ST- ZIP	<b>FT. MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*R. Alan Welch Sr. Vice Pres. dev*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/96 (941)432-0088*  
Date Daytime Phone #

CR2E034 (12/95)