

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

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

02-24-1999 90188 014 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S38607

1. Corporation Name

ENVIRONMENTAL LAND SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6314 CORPORATE CT STE C FT MYERS FL 33919 US		Mailing Address 6314 CORPORATE CT STE C FT MYERS FL 33919 US		3. Date Incorporated or Qualified 03/14/1991	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0252170		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip	28 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip	25 Country	9. Name and Address of Current Registered Agent BURNETT, PHILIP L 2449 FIRST STREET FT MYERS FL 33902		10. Name and Address of New Registered Agent	
29 Zip	30 Country	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 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	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDERFIELD, WILLIAM L	1.2 NAME	
STREET ADDRESS	703 HUTTO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARIE, DAVID G	2.2 NAME	
STREET ADDRESS	6314 CORPORATE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, R. A	3.2 NAME	
STREET ADDRESS	14 NE 17TH AVE	3.3 STREET ADDRESS	6314 Corporate Court, Ste "C"
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LINDA F	4.2 NAME	
STREET ADDRESS	703 HUTTO ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIMAN, ROBERT H	5.2 NAME	
STREET ADDRESS	1450 SE 19TH LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Phillip M. Mould
STREET ADDRESS		6.3 STREET ADDRESS	6314 Corporate Court, Ste "C"
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Myers, FL 33919

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/1999 (941) 432-0088

Date Daytime Phone #

CR2E034 (11/98)