

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S83583** (2)  
1. Corporation Name  
**ENVIRONMENTAL SCIENCES & TECHNOLOGIES, INC.**



Principal Place of Business  
**4404 S. FLORIDA AVE  
9  
LAKELAND FL 33813  
US**

Mailing Address  
**4404 S. FLORIDA AVE.  
SUITE 9  
LAKELAND FL 33813  
US**

3. Date Incorporated or Qualified  
**09/30/1991**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>625 Schoolhouse Road</b>		26 <b>P. O. Box 7213</b>		59-3074991		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 <b>Suite 3</b>		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 <b>Lakeland, FL</b>		28 <b>Lakeland, FL</b>					
Zip	Country	Zip	Country				
24 <b>33813</b>	25 <b>US</b>	29 <b>33807-7213</b>	30 <b>US</b>				

9. Name and Address of Current Registered Agent

**KINCART, ROBERT O.  
4406 S FLORIDA AVE  
STE 23  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	<b>Peterson &amp; Myers</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>141 5th Street N.W.</b>		
83	<b>Suite 300</b>		
84 City	<b>FL</b>	85 Zip Code	<b>33881</b>
<b>Winter Haven</b>			

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 **Beach A. Brooks, Jr., Attorney**

**4-29-96**

Signature, typed or printed name of registered agent, and date, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAVES, MICHAEL A.</b>	
STREET ADDRESS	<b>5806 BUCK RUN DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWELL, JOE W.</b>	
STREET ADDRESS	<b>109 GRANT RD SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**Michael A. Graves, President/Owner**

**941/647-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/96**

Daytime Phone #

CR2E034 (12/95)