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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # V06562 (5)

1. Corporation Name
ENVIRO-LOGICAL SOLUTIONS, INC.

Principal Place of Business

13135 N. DALE MABRY HWY.
SUITE 3B
TAMPA FL 33618
US

Mailing Address

P.O. BOX 274251. N/A
TAMPA FL 33688-4257
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-3102884**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROUTMAN, DAVID E
~~12510 CLENDENNING DRIVE~~ 6021 Hammock Woods Drive
TAMPA FL ~~33624~~ 33556

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 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	☐ DELETE	1.1 TITLE	PSTD	☑ Change ☐ Addition
NAME	TROUTMAN, DAVID E		1.2 NAME	TROUTMAN, DAVID E.	
STREET ADDRESS	~~12510 CLENDENNING DRIVE~~ 6021 Hammock		1.3 STREET ADDRESS	6021 Hammock Woods Drive	
CITY-ST-ZIP	TAMPA FL Woods Drive		1.4 CITY-ST-ZIP	Tampa Fl. 33556	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, ROBERT S		2.2 NAME		
STREET ADDRESS	PARCES 1 FOXRUN FARMS COUNTY RD 543		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEAFORD DE		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, BARRY J		3.2 NAME		
STREET ADDRESS	975 SCOTLAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: X _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0364474

CR2E034 (10/97)