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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90042 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000027835

1. Corporation Name
 FRS ENVIRONMENTAL REMEDIATION, INC.



Principal Place of Business: 3018 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA FL 33619
 Mailing Address: 3018 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1998

4. FEI Number: 59-3502180 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: MILLS, FREDERICK J ESQ. MORRISON, MORRISON & MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA FL 33606

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 _____ DATE _____
Signature, typed in printed name of registered agent and title if applicable. NOT: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSTD	NAME: TOLBERT, ROBERT D	11 TITLE: PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4521 W. CULBREATH AVENUE	CITY-ST-ZIP: TAMPA FL 33609	12 NAME: ROBERT D. TOLBERT	
		13 STREET ADDRESS: 4521 W. CULBREATH AVENUE	
		14 CITY-ST-ZIP: TAMPA, FL 33609	
TITLE:	NAME:	21 TITLE: SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	22 NAME: CHRISTOPHER E. WEDDLE	
		23 STREET ADDRESS: 302 BRYAN OAK AVE.	
		24 CITY-ST-ZIP: BRANDON, FL 33511	
TITLE:	NAME:	31 TITLE: TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME: CHARLES A. OTERO	
		33 STREET ADDRESS: 18218 CLEAR LAKE DR.	
		34 CITY-ST-ZIP: LUTZ, FL 33549	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
		63 STREET ADDRESS:	
		64 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: Robert D. Tolbert 3/15/99 (813) 246-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)