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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

454010

(0)

FLORIDA ECOSYSTEMS, INC.

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Principal Place of Business		Mailing Address			The tit with a title street the country steet street street street			
10341 E. US HWY 92 PO BOX 1185 BRANDON FL 33509		10341 E. US HWY 92 PO BOX 1185						
DRANDON FL	. 33309	BRANDON FL 33509			3. Date Incorporated or Qualified	3a. Date o		' I
			<b></b>		06/03/1974	05/	01/199	
2. Principal Pla	ice of Business	28. Mailing Address			4. FEI Number		L	Applied For
21] Suite, Apt. #	f old	<b>26</b>   Suite, Apt. #, etc.			59-1537502			Not Applicable
22	1, 610.	27			5. Certificate of Status Desired		*	Additional Required
City & State		City & State		•	6. Election Campaign Financing			<b>0</b> Мау Ве
<b>23</b>	Country	<b>[28]</b>	Country		Trust Fund Contribution			d to Fees
24	25 Zodiniy	25 29 30			This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New F	egistered Ag	ent	
			81	Name				
	R, DENNIS L. . US HWY 92		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
TAMPA F	•		B3					
			84	City		<b>E</b> I	85 Zq	p Code
or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authoriz	zed by the corp	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	pose of chang pintment as re	ging its r gistered	egistered office Lagent, Lam
SIGNATURE _	Signature, typed or printed name of registered agent	and the Lapplicable (NC	ÖTE: Registered Ager	L signature require	ed when reinstating)	DATE	***********	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	RS IN 12
TITLE	PD	DELETE	1. 1 TALE				Change	☐ Addition
NAME	SPICHER, DENNIS L.		1.2 NAME					ł
STREET ADDRESS	103 41E 92		1.3 STREET	ADDRESS				İ
CITY-ST-7IP	TAMPA FL	The second secon	1.4 CITY - S	1- <i>2</i> IP				
THLE	ST	☐ DELETE	2. 1 HTLE			Ц	Change	Addition
NAME	SPICHER, LYNETTE M.		2.2 NAME	Ì				
STREET ADDRESS	103 41E 92		2 3 STREET					
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2.4 CITY - S 3. 1 TITLE	I - ZIP			Charige	Addition
NAME		E better	3.2 NAME			u	Orlango	
STREET ACCRESS			3.2 MANT	22 1900DA				
CITY-\$1-7IP			34 CITY- S					
TITLE		☐ DELETE	4. 1 TITLE				Change	Addition
NAME		•	4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	1 - 21P				
TITLE		DELETE	5 1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
C(1)Y-5(1-2)P			5.4 CITY - S	T- ZIP				
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				ļ
CITY-ST-ZIP			64 CHY-S	T- ZIP				

14. I do hereby certify that the information supplied with this fling 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 co-poration 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

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR