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CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:24

DOCUMENT # 766772 (8)

1. Corporation Name  
ECONFINA ENVIRONMENTAL CLUB, INC.

Principal Place of Business Mailing Address  
1001 HARRISON AVENUE 1001 HARRISON AVENUE  
C/O ELLIS E. FOWHAND C/O ELLIS E. FOWHAND  
PANAMA CITY FL 32401 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1983	3a. Date of Last Report 03/09/1994
4. FEI Number 59-2879727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

81 FOWHAND, ELLIS E.  
82 1001 HARRISON AVENUE  
83 PANAMA CITY FL 32401  
84  
85 FL

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWHAND, ELLIS E.	1.2 NAME	
STREET ADDRESS	1001 HARRISON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERY, HENRY T.	2.2 NAME	
STREET ADDRESS	747 JENKS AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JINKS, C L JR	3.2 NAME	
STREET ADDRESS	100 CHERRY STR, APT 3	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES T. III	4.2 NAME	
STREET ADDRESS	818 DEGAMA AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISLER, CHARLES S. III	5.2 NAME	
STREET ADDRESS	434 MAGNOLIA AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	5.4 CITY - ST - ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JOHN A.	6.2 NAME	
STREET ADDRESS	501 W. 19TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied on this filing is true and accurate and that I am an officer or director of the corporation and am empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: *Ellis E. Fowhand* 2-6-95 904-785-5201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR