FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75341

ENVIROSHIELD, INC.

	-,,							
Principal Place	e of Business	Mailing Address			C 18818811 Its 18881 Street that Blank (181 8181)			
2900 CORTEZ ROAD., WEST		2900 CORTEZ ROAD., WEST						
BRADENTON FL	L 34206-8555	BRADENTON FL 34206-8555			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	O OI AOL		
					04/05/1988			}
2 Briggingt D	lace of Business	2a. Mailing Address			4. FEI Number		Applied F	or
 1	lace of Busiliess	26			65-0051091		Not Applie	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional			
22		27			5. Certifcate of Status Desired	•	Required	
City & Stat	:e	City & State	•		6. Election Campaign Financing	\$5.0	00 May B	e
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country		ountry	y	8. This corporation owes the current year I	ntangible	_	1
24	25	29 30			Personal Property Tax.	Yes	∏No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
***	RISON, THOMAS E.		81	Name				
		82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
	S MANATEE AVE. W.							
BRAI	DENTON FL 34205		83	B				
			84	City		. 85 Z	Zip Code	
			i	' '	oration submits this statement for the purpose	L		ľ
SIGNATURE	Signature, typed or printed name of registered agent		ered Age	ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CHANG	AND DIREC	CTORS IN	12
TITLE	DVST		1 TITLE		- Alle Cor	Char		Addition
NAME	COX, GARY R.		2 NAME					
STREET ADDRESS				ET ADORESS				
			4 CITY-5					
CITY-ST-ZIP TITLE			1 TITLE			☐ Char	ige 🔲 /	Addition
NAME	COX, JAMES S.	•	2 NAME					l
STREET ADDRESS	AAAA AAATET BAAA WEAT			ET ADDRESS				İ
CITY-ST-ZIP	BRADENTON FL 34207	_	4 CITY-					
TITLE	Divide the control of		1 TITLE	*: <u>-</u> :-		Char	ige 🗀 🗸	Addition
NAME	·	3	2 NAME					
STREET ADDRESS		3	3 STREE	ET ADDRESS				
CITY-ST-ZIP		,	4. CITY-	ST-ZIP				
TITLE			1 TITLE			☐ Char	nge 🔲 /	Addition
NAME		4	2 NAME	:				}
STREET ADDRESS		4	3 STREE	ET ADDRESS				
CITY-ST-ZIP			4 CfTY+5					
TITLE		DELETE 5.	1 TITLE			☐ Char	nge □/	Addition
NAME	1	5.	2 NAME	}	•			
STREET ADDRESS	•	5.	3 STREE	ET ADDRESS				ļ
CITY-ST-ZIP	1		4 CITY-S					
TITLE		☐ DELETE 6	1 TITLE			☐ Char	nge 🗆 🗸	Addition
NAME	,	6.	2 NAME					}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.*...



FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90028 012 ***150.00