

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38152 (7)**  
1. Corporation Name  
**FLORIDA ENVIRONMENTAL ASSESSORS ASSOCIATION, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9318 E COLONIAL DR STE 160 ORLANDO FL 32817 US		9318 E COLONIAL DR STE 160 ORLANDO FL 32817 US	
2. Principal Place of Business	2a. Mailing Address		
21	2b. 9318 E Colonial Drive		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/16/1990	03/31/1994
4. FEI Number	Applied For
65-0247657	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$6.75 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARDS, STORM PH.D. 1804 MAPLE AVE. SANFORD FL 32771				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Storm Richards* *Storm Richards* DATE: *April 14, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURR, MIKE	1.2 NAME	Jim Prior
STREET ADDRESS	500 S FLA AVE STE 701	1.3 STREET ADDRESS	133 Aldean Drive
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Sanford FL
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIOR, JM	2.2 NAME	Jones Gene
STREET ADDRESS	133 OLDGAN DR	2.3 STREET ADDRESS	6395 Heritage Ridge Road
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Tallahassee FL
TITLE	SD	3.1 TITLE	SP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, STORM	3.2 NAME	Nancy Bartolotta
STREET ADDRESS	1804 MAPLE AVE	3.3 STREET ADDRESS	3701 Northwest 58th St.
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Gainesville FL
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GENE	4.2 NAME	Ron Floyd
STREET ADDRESS	325 JOHN KNOX RD., #404EC	4.3 STREET ADDRESS	16100 US Highway 90W Suite 105
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Clearwater FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elyse B. Jones* *Gene Jones* DATE: *4/11/95* (904) 644-5576