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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 332151

1. Corporation Name

ENVIRONMENTAL RALANCE CORPORATION

LIVVIIIO	MINICIPAL BALANCE CON	IF ORATION					
Principal Plac	ce of Business	Mailing Address			<u> </u>		.
		8224 LONE STAR RD					
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211						-20	
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed		
	<u> </u>	·			07/08/1968		•
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1212907		Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	-	5 Additional
City & Cta		27			or controlled of outlier section	Fee	Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23 Zin	Country	28			Trust Fund Contribution		ed to Fees
Zip	Country	Zíp	Country	!	8. This corporation owes the current year In		_
24	9. Name and Address of Com-		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	rent Registered Agent	- 01	T	10. Name and Address of New Registered	Agent	
BRA	AGG, JAMES P		81	Name			_
8224 LONE STAR RD			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		•
	KSONVILLE FL 32211						
UNO	NOOTHILL IL GEETT		83		··- 		
			84	City		85 Zi	ip Code
44 -			i i	1	FL	_ {	•
					oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing	its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes	the corporation.	on's board or directors, rifereby accept the appoint	intment as	registerea
SIGNATURE							
12.	Signature, typed or printed name of registered a			nt signature required	*		
TITLE	T UPFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
	FUDY COOTE D	☐ DELETE	1.1 TITLE			Change	e Addition
NAME	ENDY, SCOTT R		1.2 NAME				
STREET ADDRESS	_ · · - · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST	r-zip			
TITLE	PD	☐ DELETE 2.1 TI				☐ Change	e 🗌 Addition
NAME		BRAGG, JAMES P 22 NA		1			
STREET ADDRESS	The state of the s		2.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			T-ZIP	·•		÷ •
TITLE	V	DELETE 3.1 TIT				☐ Change	e Addition
NAME	SMITH, ROBERT A						
STREET ADDRESS	8224 LONE STAR RD.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST	T-ZIP			
TITLE	S	☐ DELETE	4.1 TITLE			☐ Change	e 🔲 Addition
NAME	FRAZIER, MARCIA O.		4. 2 NAME				_
STREET ADDRESS	8224 LONE STAR RD.		4.3 STREET	ADDRESS			J
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-]
TITLE	I	☐ DELETE	5.1 TITLE			Change	e Addition
NAME			5.2 NAME			- ن	, <u> </u>
STREET ADDRESS			5.3 STREET	ADDRESS			İ
CITY-ST-ZIP	,		5.4 CITY-ST-	-ZIP			į
ITTLE		☐ DELETE	6.1 TITLE		,	☐ Change	e ☐ Addition
NAME			6.2 NAME	,		□ Onungo	, — monto
STREET ADDRESS			6.3 STREET A	ADORESS			

6.4 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:

204 724 7881

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90014 026 ***150.00