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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 517855

(3)

JWB ENVIRONMENTAL, INC.

1227 ROYAL	ce of Business OAK DR. INGS FL 32708	Mailing Address 1227 ROYAL OAK DR. WINTER SPRINGS FL 32 US	1227 ROYAL OAK DR. WINTER SPRINGS FL 32708-4310					
					3. Date incorporated or Qualified 11/01/1976	3a. Date o		port
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number	.1		plied For
21		26			59-1695743		Not	Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	o S8.75 Additional Fee Required		
City & Sta	ite	City & State			Election Campaign Financing     Trust Fund Contribution			
Zφ	Country	Zip	C	ountry	8. This corporation has liability for i			199.032
24	25	29	30			Yes 🗆 N		
Name and Address of Current Registered Agent     BOULICAULT, LOIS A.				81 Name	10. Name and Address of New Registered Agent			
11. Pursuan office or agent 1 SIGNATURE	t to the provisions of Sections 607.0 reg stered agent, or both, in the St am familiar with and accept the ob	NW LOISH	Dox	lichalt		urpose of chat the appoint	Zip Coanging its transit as it	
12.	- /- // /	agent and title if agricultie (NC AND DIRECTORS	TE: Registe	red Agent signature requir	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CDS AND DE	PECTOR	C IN 12
lil <u>t</u>	D	DELETE	_	TITLE	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	BOULICAULT, LOIS A.	<b>E</b> -4		NAME				
STREET ADORESS	144- 50141 641 65			STREET ADDRESS				
C/TY: ST: 7/P	WINTER SPRINGS FL		1	CITY-SI-ZIP				
THILE		☐ DELETE	_	TITLE			Change	Addition
NAM!			2.2	NAME				
STREET ADDRESS			2.3	STREET ADDRESS				
CHY-SI-ZP			2 4	CITY-ST-ZIP				
19H		DELETE	31	TITLE			Change	Addition
NAME			3.2	NAME				
STREET ACCORDS	.		33	STREET ADDRESS				

6.4 CITY-S1-ZIP

14. If do 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and receiver the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corp

3.4. CITY - ST-2iP

4.3 STREET ADDRESS 4.4 City - St - ZiP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

C:TY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CHY-\$1-26

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TITLE NAM!

KyM Lors A Bou I cault

4/8/97-407-366-8640

Change

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Addition

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**FILED** 

Apr 14 1997 8:00am

Secretary of State

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