SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **617561** **(6)**

1. Corporation Name
ENVIRONMENTAL WORKSHOPS, INC.

Principal Place of Business	Mailing Address
1855 ANCHOR AVE **DELAND FL 32720**	**1855 ANCHOR AVE** **DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1979**	3a. Date of Last Report: **03/18/1994**
4. FEI Number: **59-1980982**	Applied For ☐ / Not Applicable ☐
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation was subject to corporate tax under Florida Statutes: ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUNN, CHAS A **202 CONRAD BLDG** **DELAND FL 32720**	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section(s) 607.1202 and/or 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: (Signature of current or new registered agent required) (Typed or printed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	01 Title	☐ Change ☐ Addition
02 Name	PITTMAN, SIDNEY E	02 Name	
03 Street Address	1855 ANCHOR AVE	03 Street Address	
04 City, St, Zip	DELAND FL	04 City, St, Zip	
05 Title	S	05 Title	☐ Change ☐ Addition
06 Name	PITTMAN, CAROLYN B	06 Name	
07 Street Address	1855 ANCHOR AVE	07 Street Address	
08 City, St, Zip	DELAND FL	08 City, St, Zip	
09 Title	T	09 Title	☐ Change ☐ Addition
10 Name	STOVKA, CAROL T	10 Name	
11 Street Address	400 FATIO ROAD	11 Street Address	
12 City, St, Zip	DELAND FL	12 City, St, Zip	
13 Title	P	13 Title	☐ Change ☐ Addition
14 Name	STOVKA, LES	14 Name	
15 Street Address	400 FATIO ROAD	15 Street Address	
16 City, St, Zip	DELAND FL	16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Les Stovka **LES STOVKA** 6-30-95 **904 756 6552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131003 FP