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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

ENVIRO-SYSTEMS CONTROL, INC.

DOCUMENT # 623724

(2)

## **FILED** Feb 12 1997 8:00am Secretary of State



· '	ice of Business IAL LOOP NORTH RK FL 32073	G/O DAVID 1416 KINGSI	Mailing Address C/O DAVID A KING. ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073-4509			3. Date incorporated or Qualified 3a. Date of Last Report		
						<b>06/04/1979</b>	02/26/199	
· ·	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For
Suite Ap	. Al	26 Suito A	pt #, etc.			59-1958825	17 607	Not Applicable
22 Suite 7/:	r. F etc.	27 Stille, A	μι <del>π, οι</del> σ.			5. Certificate of Status Desired	TO 1	5 Additional Required
City & St	ate	City & S	tate			6. Election Campaign Financing		00 May Be
23		28		Counts		Trust Fund Contribution		ed to Fees
Z(p 24	Country 25	Zip <b>29</b>	30	Country	<b>,</b>	8. This corporation has liability for T	tangible tax unde Yes  No	r s. 199.032,
241	9. Name and Address of Cu					10. Name and Address of New Re		·
KII	VG, DAVID A.			81	Name			
TA	TORNEY AT LAW			82 Street Add		dress (P.O. Box Number is Not Acceptab	le)	
	16 KINGSLEY AVE VANGE PARK FL 32073		63					
Or Or	MINOC FARIT I C 02010			84	City	·······	les 2	lin Codo
i				04	City		FL  85   2	lip Code
SIGNATURE	Significe hyperconducted name of registeres OFFICERS	dageni and title if applicable	(NOTE: Re	gistered Ag		ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRES CHY-ST-ZIP	PSTD RYAN, THOMAS DENNIS, N -2446 WINOHESTER RD. Z GREEN COVE SPRGS,FL00	1 41 Lake Asi	Sury Dr.	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	T ADDRESS		L_) Chan	ge [] Addition
TITLE	<b>海</b>		<b>X</b> DELE₹E	2.1 TITLE			Chan	ge Addition
NAME	CHAISTOPAIGE, AMENAECS			2.2 NAME	ļ			
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NAME				32 NAME			<del></del>	
STREET ADDRES	s		•	3 3 STREET	ADDRESS			
C TY - S1 - ZIP	ļ		Tori sec	3.4. CITY-	ST-ZIP	<u></u>		1 2 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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NAME Execut Appoint				4. 2 NAME				
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NAME				5.2 NAME				
STREET ADDRES	s			5.3 STREE	T ADDRESS			ļ
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TITLE		ı	DELETE	6.1 TITLE			Chan	ge [_] Addition
NAME OTDSELLANONSS				62 NAME	T ADDRESS			
STREET ADDRESS	`			i				
CHY-ST-ZIP		The state of the Alice A	to a series of the factor	6.4 CITY-		ed in Contine 110 07(2)(i) Florida Statute	. I feather a set for t	hot the

I 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 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.

**SIGNATURE**