


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90202 044 ****61.25

DOCUMENT # 766202 1. Entity Name FLORIDA ENVIRONMENTAL INSTITUTE, INC.					
Principal Place of Business 122 RANCH ROAD P.O. BOX 406 VENICE, FL 33960-0406				Mailing Address 5915 BENJAMIN CENTER DR. TAMPA, FL 33634	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH, HULSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, O. B. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Dinkell, III PO Box 1531 Tampa, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GLADSTONE, WILLIAM E HON 326 PALM TRAIL DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Myers 1365 Alegriano Ave Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GULKIS, NORMAN 2522 PRETTY BAYOU ISLAND DR PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guy Revell, Jr 221 Revell Rd Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORLANDO, FRANK 3305 COLLEGE AVE. FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffery G. Mechlin Box 1028 Avon Park, FL 33826
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David B. Mitchell 2986 Sliverton Way Sparks, NV 89434
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernesting Gray 421 LOYOLA AVE NEW ORLEANS, LA 70112
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> 4/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					