

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90009 002 ****61.25

DOCUMENT # **769486**

I. Corporation Name

**THE NATIONAL ENVIRONMENTAL-TECHNOLOGY TRAINING I
NSTITUTE, INC.**

Principal Place of Business

6217 N.W. 18TH AVENUE
GAINESVILLE FL 32605

Mailing Address

6217 N.W. 18TH AVENUE
GAINESVILLE FL 32605



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		07/20/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-2517068	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
25		29		Trust Fund Contribution <input type="checkbox"/>	
		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PALMER, RICHARD D., SR.
6217 NW 18TH AVENUE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Richard D. Palmer Richard D. Palmer Sept 6, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, RICHARD D.	1.2 NAME	
REET ADDRESS	6217 NW 18TH AVENUE	1.3 STREET ADDRESS	
TY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, SARA W.	2.2 NAME	
REET ADDRESS	6217 NW 18TH AVENUE	2.3 STREET ADDRESS	
TY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, RICHARD D., JR.	3.2 NAME	
REET ADDRESS	6217 NW 18TH AVENUE	3.3 STREET ADDRESS	
TY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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 617, 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: Richard D. Palmer Richard D. Palmer Sept 6, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)