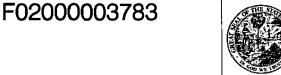
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90497 006 ***150.00



Principal Place of Business P.O. BOX 2066

BORDSTOWN KY 40004

Zip

SIGNATURE

ENVIROFAB INC.

Mailing Address P.O. BOX 2066 BORDSTOWN KY 40004

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

OFFICERS AND DIRECTORS

Zip



☐ CHECK HERE IF MAKING CHANGES							
4. FEI Number 43-1955107	Applied For						
40 1800 107	Not Applicable						
E. Cortificate of Status Desired	S8.75 Additional						

DATE

		3. Certificate of Status Desired	Fee Required
6. Name and Address of Current Register	d Agent	7. Name and Address of New R	egistered Agent
SHAW, VICKIE A 612 S. GREENWOOD AVENUE CLEARWATER FL 33756	Name Street Address (P.C.	O. Box Number is Not Acceptable)
	City		FL Zip Code

Country

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.

11

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

	011/02/107/112 24/2010/10		7.55 (16.16) 61 11.14 62.5 (6.6) (16.21.6) 61.6 (1.11.14)			
TITLE NAME	PD Holzknecht, Mike	☐ Delete	TITLE NAME		Change	☐ Addition
STREET ADDRESS	726 BEECHWOOD AVENUE		STREET ADDRESS]
CITY-ST-ZIP	BARDSTOWN KY 40004		CITY-ST-ZIP			
U111-31-ZIF			CIIT-SI-ZIF			
TITLE	VD	☐ Defete	TITLE		☐ Change	☐ Addition
NAME	BLINCOR, KARL		NAME			}
STREET ADDRESS	702 BEECHWOOD AVENUE		STREET ADDRESS			ŀ
CITY-ST-ZIP	BARDSTOWN KY 40004	*	CITY-ST-ZIP			.
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BLINCOR, LAURA		NAME	•		_
STREET ADDRESS	726 BEECHWOOD AVENUE		STREET ADDRESS			
CITY-ST-ZIP	BARDSTOWN KY 40004		CITY-ST-ZIP			}
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	BLINCOE, DONNA		NAME		_ •	
STREET ADDRESS	702 BEECHWOOD AVENUE		STREET ADDRESS			
CITY-ST-ZIP	BARDSTOWN KY 40004		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	BLINCOE, DONALD		NAME			
STREET ADDRESS	702 BEECHWOOD AVENUE		STREET ADDRESS			
CITY-ST-ZIP	BARDSTOWN KY 40004		CITY - ST - ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	BLINCOE, TOMMY		NAME			
STREET ADDRESS	702 BEECHWOOD AVENUE		STREET ADDRESS			ļ
CITY-ST-ZIP	BARDSTOWN KY 40004		CITY-ST-ZIP			ľ

12. I hereby certify that the information supplied with this filling 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 607, 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 empo

SIGNATURE: