| FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00  |  |   |                                   |   |  |
|---|--|---|-----------------------------------|---|--|
|   | PROFIT AS WELL                         | Ys  | S - \$ZZ5.UU<br>RIMENI OF STATE   |   |  |
|   | CORPORATION Sandra B. Mortham          |   |                                   |   |  |
|   | 1996 Socretary of S  DIVISION OF CORP  |   | ,                                 |   |  |
|   |  | ·   |                                   |   |  |
| DOCUMENT # F07940  1. Corporation Name  |  | +0 (2)  |                                   |   |  |
| ENVIRONMENTAL PURIFICATION SYSTEMS, INC.  |  |   |                                   | <br>  1001103   |  |
| Principal Piace of Business Mailing   |  | Mailing Address   |                                   |   |  |
| POST OFFICE BOX 49130<br>2320 South Third Street, Suite 13<br>Jacksonville Beach Fl 32250   |  | POST OFFICE BOX 49130<br>2320 SOUTH THIRD STREET. SUITE 13<br>JACKSONVILLE BEACH FL 32250 |                                   |   | ,  |
|   |  |   |                                   | 3. Date Incorporated or Qualified 12/04/1980                      | 3a. Date of Last Report 02/20/1995   |
| Principal Place of Business   |  | 2a. Mailing Address   |                                   | 4. FET Number 59-2052974  | Applied For Not Applicable   |
| Suite, Apl  | . #, etc.                              | Suite, Apt. #, etc  |                                   | 5. Certificate of Status Desired                                  | \$8.75 Additional  |
| City & Sta  | le                                     | City & State  |                                   | 6. Election Campaign Financing                                    | Fee Required  \$5.00 May Be  |
| <b>23</b> ∫<br>Zip  | Country                                | <b>[28</b> ]  | Country                           | Trust Fund Contribution  8. This corporation has liability for in | Added to Fees  |
| 24  | 25                                     | 29  | 30                                | Florida Statutes Yes  | □No  |
|   | 9, Name and Address of Curren          | t Registered Agent  | 81 Name                           | 10. Name and Address of New Re                                    |  |
| SKEELS, ROBERT A. PATTERSON, LAWRENCE R.  82 Street Address (P.O. Box Number is Not Acceptable)   |  |   |                                   |   |  |
| 405 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250   |  |   |                                   | 3010 SOUTH THIRD STREE  |  |
| G. No.  | CONTINUE DESIGNATE OFFICE              |   | 84 City                           |   | <b>85</b> Zip Code   |
| 11. Pursuant  | to the provisions of Sections 607.0502 | and 607/1509. Florida Statutes  | the above projection              | CKSONVILLE BEACH  | PL 32250   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.509. Florida Statutes, the above named corporation submits this system in the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the condition's board of directors. I have by accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |   |                                   |   |  |
| SIGNATURE William & Shamber Clare of registers agent with a grant of the Hander of Agent squates as production production.  |  |   |                                   |   |  |
| 12.   |  | DIRECTORS   | 13.                               | ADDITIONS/CHANGES TO OFFI   |  |
| TIFLE<br>NAME   | PD<br>SCHOMAKER, WILLIAM P.            | DELETE  | 1 : HTLF<br>12 NAME               | PD<br>SCHOMAKER, KATHLEEN C                                       | ☐ Addition ☐ Addition  |
| STREET ADDRESS  | 234 PABLO ROAD                         |   | 1.3 STREET ADDRESS                | Donorancing Internation (   | •  |
| CITY-ST-ZIP<br>TITLE  | PONTE VEDRA BEACH FL                   | [] DECETE   | 14 CHY+SF-Z-P<br>2 1 THEF         | CORD  | Change Addition  |
| NAM6  | SCHOMAKER, WILLIAM P.                  | <u>_</u>  | 2.2 NAME                          | STD   | in the state of th |
| STREET ADDRESS  | 234 PABLO ROAD<br>PONTE VEDRA BEACH FL |   | 2.3 STREET ADDRESS                |   |  |
| CITY-ST-ZIP<br>TITLE  | TONIE TEDIA BEAUTIE                    | □ OETE (F   | 2.4 C-1Y-\$1-7/P<br>3.1 TillE     |   | Change Addition  |
| NAME  |  |   | 3.2 NAME                          |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | 3.3 STREET ADDRESS 3.4 CHY-S1-ZIP |   |  |
| 11T: f  |  | ☐ DELETE  | 4 1 THE                           |   | Change Addition  |
| NAME<br>STREET ADDRESS  |  |   | 4.2 NAME<br>4.3 STREET ADDRESS    | 900001769889<br>-04/04/3601097022                                 |  |
| C-1Y-S1-Z-P   |  |   | 4.4 City - St - Ziri              | ***200.00   | 11022  |
| TITLE<br>NAME   |  | DELFIE  | 5 1 TITLE<br>5 2 NAME             |   | Change Addition  |
| STREET ADDRESS  |  |   | 5.3 STHEFT ACORESS                |   |  |
| CITY - S1 - ZIP   |  | F) htter  | 5.4 Cl*V+ST+7l*                   |   | Change D Addition  |
| TITLE<br>NAME   |  | DELETE  | 6 1 TITLE<br>62 NAME              |   | Change Addition  |

64 CHY-S1-7P

14. I do 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same logal 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 or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

4/2/96

904-246-1005 Daytree Prone #