

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F07940** (2)  
1. Corporation Name  
**ENVIRONMENTAL PURIFICATION SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**POST OFFICE BOX 49130** **POST OFFICE BOX 49130**  
**2320 SOUTH THIRD STREET, SUITE 13** **2320 SOUTH THIRD STREET, SUITE 13**  
**JACKSONVILLE BEACH FL 32250** **JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R**  
**3010 SOUTH THIRD STREET**  
**JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **12/04/1980** 3a. Date of Last Report **04/04/1996**  
4. FEI Number **59-2052974** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fee**  
8. This corporation owes or has paid the current year's Personal Property Tax due June 30. ☐ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                             |                              |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                 |
|----------------------------|-----------------------------|------------------------------|---------------------------------|-------------------------------------------------------|----------|--------------------|-----------------|
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 1.1 TITLE                                             | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|                            | <b>PD</b>                   | <b>SCHOMAKER, KATHLEEN C</b> | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |
|                            | <b>234 PABLO ROAD</b>       |                              |                                 |                                                       |          |                    |                 |
|                            | <b>PONTE VEDRA BEACH FL</b> |                              |                                 |                                                       |          |                    |                 |
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 2.1 TITLE                                             | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|                            | <b>STD</b>                  | <b>SCHOMAKER, WILLIAM P.</b> | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |
|                            | <b>234 PABLO ROAD</b>       |                              |                                 |                                                       |          |                    |                 |
|                            | <b>PONTE VEDRA BEACH FL</b> |                              |                                 |                                                       |          |                    |                 |
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 3.1 TITLE                                             | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
|                            |                             |                              | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 4.1 TITLE                                             | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
|                            |                             |                              | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 5.1 TITLE                                             | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
|                            |                             |                              | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |
| TITLE                      | NAME                        | STREET ADDRESS               | CITY-ST-ZIP                     | 6.1 TITLE                                             | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|                            |                             |                              | <input type="checkbox"/> DELETE |                                                       |          |                    |                 |

14. 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: *W. P. Schomaker - Sec. 7/17/97*

FILED  
Jul 25 1997 8:00am  
Secretary of State



CR2E034 (4/97)