FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J33872** **(9)**

1. Corporation Name

ENVIRONMENTAL EQUITIES, INC.

Principal Place of Business

% MICHAEL W. KENTON
~~12515 DENTON AVE~~
~~HUDSON FL 34667~~

Mailing Address

% MICHAEL W. KENTON
~~12515 DENTON AVE.~~
~~HUDSON FL 34667~~

3. Date Incorporated or Qualified: 09/18/1986
3a. Date of Last Report: 01/19/1995

4. FEI Number: 59-2771506 — 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 Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 17402 Bosley Drive
22 Suite, Apt. #, etc.
23 City & State: Spring Hill,
24 Zip: 34610
25 Country: Pasco

2a. Mailing Address
26 17402 Bosley Drive
27 Suite, Apt. #, etc.
28 City & State: Spring Hill
29 Zip: 34610
30 Country: Pasco

9. Name and Address of Current Registered Agent

KENTON, MICHAEL W.
~~12515 DENTON AVE.~~
~~HUDSON FL 34667~~

10. Name and Address of New Registered Agent

81 Name: KENTON, MICHAEL W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 7937 VALMY LANE
84 City: PORT RICHEY FL
85 Zip Code: 34668

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 required) DATE

12. OFFICERS AND DIRECTORS

TITLE: DPS
NAME: KENTON, MICHAEL W.
STREET ADDRESS: 12515 DENTON AVE.
CITY-ST-ZIP: HUDSON FL
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☑ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS: 7937 VALMY LANE
1.4 CITY-ST-ZIP: PORT RICHEY, FLA. 34668

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3 1996 — Date
813/856-8202 — Daytime Phone #

CR2E034 (12/95)