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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J51676** 

(1)

FLORIDA ENVIRONMENTS PUBLISHING, INC.

**FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		-  1987018 0401 8180 1888 4581 1888 041 0701 9781	I ØIBAF ONDFF ONDIL DADIA FOOL
4010 B NEWBERRY RD GAMESVILLE FL 32607	GAINESVILLE FL 32607			
US	US US		DO NOT WRITE IN THIS SPACE	
*-	**		3. Date Incorporated or Qualified	
			01/07/1987	
2. Principal Place of Business	2a. Mailing Address	- 1 1 0	4. FEI Number	Applied For
21 4010-1- Newberryk		= Newberry Ke	× 59-2745540	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional
22	27	· · · · · · · · · · · · · · · · · · ·	G, Constitution of dialog position	Fee Required
City & State	City & State Sa V	M -P	6, Election Campaign Financing	\$5.00 May Be
23 Samc			Trust Fund Contribution	Added to Fees
Zip 11 Country	Zip (t	Country (1	8. This corporation owes of has paid the cur	
24   25	29	30		Yes No
9. Name and Address of Current F	legistered Agent		10. Name and Address of New Registered	Agent
NEWPORT, DAVID B.		81 Name		
2709 NW 43 ST.	dougent	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32808	correction	$ \frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	1 NW 143 19 ST.	
		83		
		84 City		85 Zip Code
		' '	FL	.
<ol> <li>Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	ind 607 1508, Florida Statute	es, the above-named corpo	oration submits this statement for the purpose o	f changing its registered
agent. I am familiar with, and accept the obligation	Florida. Such change was a ons of, Section 607,0505, Flo	tutnorizea by the corporati orida Statutes.	on's board or directors. I hereby accept the app	pointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent a	nd lete it applicable (NOTE	Registered Agent signature require	d when reinstating) DATE	
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TIFLE D	☐ DEL€TE	1.1 TITLE V	10	☐ Change ☐ Addition
NAME NEWPORT, DAVID B.		1.2 NAME NO	incy L. Newport	
STREET ADDRESS 2709 NW 143 ST.		1.3 STREET ADDRESS 27	109 NW 143 St.	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY - ST - ZIP	finesville, FL 32601	
TITLE	☐ DELETE		<i>1</i> ~	☐ Change ☐ Addition
NAME		22 NAME De	avid B Newport	
STREET ADDRESS		23 STREET ANDRESS 40	$\mathcal{L}_{\mathcal{L}}$	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 6-0	unesville, FL 326	06
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4. CITY-ST-ZIP		:
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	<del></del>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
1				]
CITY+ST-2IP		6.4 CITY - ST - ZIP		i i

ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in