FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60710

ENVIRONMENTAL RESEARCH CONSULTANTS, INC.

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2557 U	\$ 27	SOUTH	1
SEBRIN	IG FL	33825	

Mailing Address

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90008 044 ***150.00



2557 US 27 SOUTH 2557 US 27 SOUTH SEBRING FL 33825 SEBRING FL 33825			· ·					
US		US	DOI	DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or 02/23/1987	Qualifed			
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number		App	plied For	
21 38 A	1. Highlands Av	e 26 P.O. Box 4	60	59-2856141		Not	Applicable	
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.		5. Certifcate of Status D	esired 🗆	\$8.75 A Fee Rec		
City & Stat	un Park, FL 1889	City & State 28 Wauchula,	FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
				ountry USA 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes			□No	
<u></u>	9. Name and Address of Curre			10. Name and Address	of New Registered Ag	ent		
חרו	ANEV POIC D		81 Name	De Laney, Ku	ris R.			
	ANEY, KRIS R.		82 Street	Address (P.O. Box Number is No	t Acceptable)			
	' US 27 S.		38 N. High lands Ave.					
SEB	RING FL 33870		83	J				
-3/4 A	the state of the s		84 City	Avon Park	FL	85 Zip C	725	
	1007.05	2 and 607.1508, Florida Statutes, th	e above-named	corporation submits this stateme	nt for the purpose of cha	anging its	registered	
	to the provisions of Sections 607:05t egistered agent, or both, in the State m familiar with, and accept the obliga			oralion's adard of directors. There	Solve appointment	ieni as reg	,,,,,,,,,	
SIGNATURE	KLISP DELO	new pts	Wole!	regulared when reinglefting)	1-16-99			
12.	Signature, typed or printed name of registered age		13.		S TO OFFICERS AND I	DIRECTO	RS IN 12	
TITLE	PTS		I.1 TITLE	PAGO	_	Hange	☐ Addition	
NAME	DELANEY, KRIS R.	ok	I.2 NAME	Cohane y Krisk	<u></u>			
STREET ADDRESS	38 N HIGHLANDS AVE		1.3 STREET ADDRESS	J 40.				
CITY-ST-ZIP	AVON PARK FL		I.4 CITY-ST-ZIP		•			
TITLE	711011111		2.1 TITLE			Change	Addition	
NAME		1:	2.2 NAME	•			}	
STREET ADDRESS		1:	2.3 STREET ADORESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE			3.1 TITLE			Change	☐ Addition	
NAME		Į,	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		1.	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	,] Change	☐ Addition	
NAME		i.	1. 2 NAME				Į	
STREET ADDRESS			3.3 STREET ADORESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	S 1 TITLE] Change	Addition	
NAME			52 NAME					
STREET ADDRESS		J.	5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	- Addition	
NAME			5.2 NAME					
STREET ADDRESS				,	•		}	
CITALE, RESIDENCE	1			I			- 1	

14. I 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, with all other life empowered.

SIGNATURE: