

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61055

(6)

1. Corporation Name:

ENVIROSPHERE CORPORATION

Principal Place of Business

C/O M. ELIZABETH BOLINT
2705 W. LEILA AVE.
TAMPA FL 33611-4513
US

Mailing Address

C/O M. ELIZABETH BOLINT
2705 W. LEILA AVE.
TAMPA FL 33611-4513
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1987

3a. Date of Last Report

02/15/1994

4. FEI Number

NOT APPLICABLE

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLINT, M. E
2705 W. LEILA AVE.
TAMPA FL 33611

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 (Corporate)

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLINT, MICHAEL JOHN
STREET ADDRESS	3005 LAKE ELLEN LANE
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	BOLINT, M. E
STREET ADDRESS	3005 LAKE ELLEN LLANE
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	CHAMBERS, STEWART
STREET ADDRESS	150 S.E. 12TH ST.
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	I
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	no longer applicable - retired
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	2705 W. Leila Ave
24 CITY, ST, ZIP	TAMPA FL 33611-4
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	DIRECTOR
43 STREET ADDRESS	CATHY LEBEAU HARMEK
44 CITY, ST, ZIP	830-13, AIA NORTH # 312
	PONTE VEDRA BEACH FLA 32082
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 Sections 110.07(3)(b), 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:

M. Elizabeth Bolint

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 1995

813-839-9389