

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K84466 (7)
1. Corporation Name
ENVIRONMENTAL RESOURCE ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
541 OULETHORPE AVE, SUITE 102
ST. SIMONS ISLAND GA 31522

Mailing Address
541 OULETHORPE AVE, SUITE 102
ST. SIMONS ISLAND GA 31522

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 514 1/2 1st AVE SW
Suite, Apt. #, etc.
22 City & State
23 LARGO FL
Zip
24 33770
Country
25 USA

2a. Mailing Address
26 514 1/2 1st AVE SW
Suite, Apt. #, etc.
27 City & State
28 LARGO FL
Zip
29 33770
Country
30 USA

3. Date Incorporated or Qualified
05/01/1989

4. FEI Number
59-2974635
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BAKSHI, GIL
514 1ST AVENUE S.W.
LARGO FL 33770

10. Name and Address of New Registered Agent
81 Name
82 GIL BAKSHI
83 Street Address (P.O. Box Number is Not Acceptable)
84 514 1/2 1ST AVENUE SW
85 City
86 LARGO
87 FL
88 Zip Code
89 33770

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 2/1/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	BAKSHI, GIL	
STREET ADDRESS	514 1ST AVENUE S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	ST	DELETE <input checked="" type="checkbox"/>
NAME	BAKSHI, SHOSHANA	
STREET ADDRESS	514 1ST AVENUE S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	BAKSHI, GIL	
1.3 STREET ADDRESS	514 1ST AVENUE SW	
1.4 CITY-ST-ZIP	LARGO, FL 33770	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/1/98 813-586-7500
Daytime Phone # 0496104

CR2E034 (10/97)