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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L63812** **(6)**

1. Corporation Name
ENVIRONMENTAL ANALYSIS & PERMITTING, INC.

Principal Place of Business	Mailing Address
299 9TH STR LNO ST. PETERSBURG FL 33701 US	PO BOX 683 ST. PETERSBURG FL 33731-0683 US

3. Date Incorporated or Qualified: **04/10/1990**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: **59-3011661** ☐ 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

9. Name and Address of Current Registered Agent

KENT, LEWIS H.
299 9TH STREET NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 ________ (NOTE: Registered Agent signature required when reinstating) DATE ________

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	KENT, WILLIAM D.	
STREET ADDRESS	299 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	☐ DELETE
NAME	CHURCHILL, G. JEFFERY	
STREET ADDRESS	299 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	KENT, LEWIS H.	
STREET ADDRESS	299 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	☐ DELETE
NAME	STEINWAY, JOHN	
STREET ADDRESS	299 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	☐ DELETE
NAME	LOTT, MARTIN T.	
STREET ADDRESS	299 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	☒ DELETE
NAME	WILBER, ROBIN S	
STREET ADDRESS	299 9TH STR NO	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	☒ Change ☐ Addition
1.2 NAME	Kent, William D.	
1.3 STREET ADDRESS	299 - 9 ST. No.	
1.4 CITY-ST-ZIP	ST. Petersburg, FL 33701	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Wedding, June A.	
2.3 STREET ADDRESS	299 - 9 St. No.	
2.4 CITY-ST-ZIP	ST. Petersburg, FL 33701	
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		

CR2E034 (9/96)

14. I do 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: Martin T. Lott — 3.17.97 — (813) 822-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0385097