

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

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L63812** (6)

1. Corporation Name
ENVIRONMENTAL ANALYSIS & PERMITTING, INC.

Principal Place of Business
**299 9TH STR LNO
ST. PETERSBURG FL 33701
US**

Mailing Address
**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	
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			

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 3a. Date of Last Report		4. FEI Number		Applied For	
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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

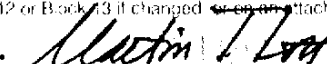
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	T/D
NAME	KENT, WILLIAM D.	1.2 NAME	Kent, William D.
STREET ADDRESS	299 9TH ST. NORTH	1.3 STREET ADDRESS	299-9 ST. No.
CITY- ST- ZIP	ST. PETERSBURG FL	1.4 CITY- ST- ZIP	ST. Petersburg, FL 33701
TITLE	PD	2.1 TITLE	S
NAME	CHURCHILL, G. JEFFERY	2.2 NAME	Wedding, June A.
STREET ADDRESS	299 9TH ST. NORTH	2.3 STREET ADDRESS	299-9 ST. No.
CITY- ST- ZIP	ST. PETERSBURG FL	2.4 CITY- ST- ZIP	ST. Petersburg, FL 33701
TITLE	D	3.1 TITLE	
NAME	KENT, LEWIS H.	3.2 NAME	
STREET ADDRESS	299 9TH ST. NORTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	
NAME	STEINWAY, JOHN	4.2 NAME	
STREET ADDRESS	299 9TH ST. NORTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	4.4 CITY- ST- ZIP	
TITLE	SD	5.1 TITLE	
NAME	LOTT, MARTIN T.	5.2 NAME	
STREET ADDRESS	299 9TH ST. NORTH	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	5.4 CITY- ST- ZIP	
TITLE	T	6.1 TITLE	
NAME	WILBER, ROBIN S	6.2 NAME	
STREET ADDRESS	299 9TH STR NO	6.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	6.4 CITY- ST- ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.97
Date

(813) 822-4517
Daytime Phone #

0385087

CR2E034 (9/96)