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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # L63812 (6) 1. Corporation Name ENVIRONMENTAL ANALYSIS & PERMITTING, INC.					
Principal Place	e of Business	Mailing Address			41211 41411 41411 21411 1441
299 9TH STR LNO PO BOX 683			}		
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 337		731-0683	DO NOT WRITE IN THIS S	SPACE	
03		03		3. Date Incorporated or Qualified	
1				04/10/1990	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26			59-3011661	Not Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27				Fee Required	
23	. .			B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	a. This corporation owes or has paid the cur	
24	25	29	30	· _ ·	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	NT, LEWIS H.		81 Name		
299, 9TH STREET NORTH			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
ST, PETERSBURG FL 33701			-		
			83		
•			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			es, the above-named co		changing its registered
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	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ones oracides.		i
Signature, typed or printed hanve of registered agent and title if applicable (NOTE: Regi			E: Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	TO MOULEMAN	L] DELETE	1.1 TITLE		Change Addition
NAME	KENT, WILLIAM D.		1.2 NAME		
STREET ADDRESS	299 9TH ST. NORTH ST. PETERSBURG FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	CHURCHILL, G. JEFFERY	C) perceit	2.2 NAME		onerigo routitoii
STREET ADDRESS	299 9TH ST. NORTH		2.3 STREET ADDRESS	,	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 City-St-ZiP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENT, LEWIS H.		3.2 NAME		
STREET ADDRESS	299 9TH ST. NORTH		3.3 STREET ADDRESS		J
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEINWAY, JOHN		4. 2 NAME		Ì
STREET ADDRESS	299 9TH ST. NORTH	•	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	Dourt	4.4 CITY-ST-ZIP		Observed Total Addition
TITLE	SD LOTE MADEIN E	DELETE	5.1 TITLE		Change Addition
NAME DIDECT ADDRESS	LOTT, MARTIN T. 299 9TH ST. NORTH		5.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S S	X DELETE	5.4 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
NAME	WEDDING, JUNE A	MAI VINETA	6.2 NAME		
STREET ADDRESS	299-9 ST N		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		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 charged, or on an attachment with an address.

SIGNATURE: La Lauren

FILED

Mar 16 1998 8:00am

Secretary of State

813-822-4317