


FILE NOW: Fee after May 1, will be \$588.75

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|---|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company ENVIRONMENTAL BUILDING PRODUCTS, L.C. P.O. BOX 2078 CLEARWATER FL 34617-9998 | | DOCUMENT # L96000000598 | | FILED 97 APR 21 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 603 SOUTH FOR HARRISON CLEARWATER FL 34615 <i>mwb</i> | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 05/23/1996 3a. State of Formation FL 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 8175 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent LOFTUS, WILLIAM E 8035 EASTWOOD DRIVE CLEARWATER FL 34619 | | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300002150403--7 Suite, Apt. #, etc. -04/22/97--01039--023 ****203.75 ****203.75 City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | LOFTUS, WILLIAM E | 3035 EASTWOOD DRIVE | | CLEARWATER FL | |
| MGR | WALKER, JAMES D | 3035 EASTWOOD DRIVE | | CLEARWATER FL | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: <i>James D. Walker</i> | | James D. Walker, MGR 30 January 1997/ | | 813-442-2142 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |