FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98500** **(6)**

1. Corporation Name

NATURAL RESOURCES TRAINING & CERTIFICATION, INC.

Principal Place of Business	Mailing Address
P O BOX 271325 TAMPA FL 33688 US	P O BOX 271325 TAMPA FL 33688 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1990
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3026051 ☐ 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

WERNER, DEBORAH LARNED, P.A.
3804 N. B STREET
TAMPA FL 33609-1232

10. Name and Address of New Registered Agent

81 Name: A. Edward McGinty
82 Street Address (P.O. Box Number is Not Acceptable): 4820 Cypress Tree Drive
83
84 City: Tampa **FL** 85 Zip Code: 33624

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] 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Lewis, Roy R. (Robin) ☒ Change ☐ Addition
NAME	LEWIS, ROY R. (ROBIN)	13 NAME	
STREET ADDRESS	6502 LENORE RD.	13 STREET ADDRESS	Lot 6, Gumbo Limbo
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Big Pine Key, FL 33043
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ERWIN, KEVIN L.	22 NAME	
STREET ADDRESS	1236 OSCEOLA DR.	23 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOGUE, CHRISTINE A.	32 NAME	
STREET ADDRESS	4820 CYPRESS TREE DR.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Christine Logue April 4, 1995 (813)265-8879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #