2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90032 043 ****70.00

DOCUMENT # N03000006909

1. Entity Name
TALLAHASSEE AREA ASSOCIATION OF



ENVIRONMENTAL PROFESSIONALS, INC. Principal Place of Business Mailing Address 7874 MCCLURE DRIVE 7874 MCCLURE DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1882 Log Ridge Trail 1882 Log Ridge Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 Cha-NP CR2E037 (12/06) 4. FEI Number 33-1071577 City & State City & State Applied For Tallahassee, Tallahassee. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32312 32312 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOREHAND, WALTER E Street Address (P.O. Box Number is Not Acceptable) 125 SOUTH GADSDEN STREET **SUITE 300** TALLAHASSEE, FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to П Trust Fund Contribution Florida Department of State ٠,, Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Defete TITLE TITLE ☐ Chance ☐ Addition STEINMEYER, EDWIN A NAME NAME STREET ADDRESS 125 SOUTH GADSDEN STREET, SUITE 300 STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE Change ☐ Addition PRESTDENT DENTZAU, MICHAEL W NAME NAME STREET ADDRESS 1882 COG RIDGE TR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-7IP ~ 🖾 Detete ☐ Change TITLE TITLE ☐ Addition NAME JONES, EUGENE B NAME STREET ADDRESS 1608 METROPOLITAN CIRCLE, SUITE B STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Delete X Change ■ Addition WATKINS, CURTIS E NAME NAME 7874 MCCLURE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32316 CITY-ST-7IP Delete Addition TITLE TITLE Change NAME MELLEN, JAQUELINE D NAME BILL STIMMEL 2003 APALACHEE PARKWAY, SUITE 112 STREET ADDRESS 864 4TH ST STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-ZIP Change Addition ☐ Defete FAITH CLARKE NAME NAME 3408 CAMELLIAWOOD CIRCLE EAST STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all printing like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

3/28/08

850-893-7238

Date

Daytime Phone #