

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 AUG -4 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35930

1. Corporation Name

National Institute For Storage
Tank Management, Inc

Principal Place of Business

Mailing Address

3176 Shoal Line Blvd
Spring Hill, FL 34607

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12-26-89
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0170282
24 Country	29 Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James De Martini
3176 Shoal Line Blvd
Spring Hill, FL 34607

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	1.3 STREET ADDRESS
TITLE	NAME	1.4 CITY-ST-ZIP	2.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	2.3 STREET ADDRESS
TITLE	NAME	2.4 CITY-ST-ZIP	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Martini

President

8/4/99

352-5977-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)