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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51187** (5)

1. Corporation Name

**TAMPA BAY CHAPTER FLORIDA ASSOCIATION OF ENVIRON
MENTAL PROFESSIONALS, INC.**

Principal Place of Business C/O SWINGLE, STEPHEN. G. 9009 EXPOSITION DR. TAMPA FL 33626 US	Mailing Address C/O SWINGLE, STEPHEN. G. 9009 EXPOSITION DR. TAMPA FL 33626-2944 US
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3. Date Incorporated or Qualified
10/07/19923a. Date of Last Report
05/21/1996

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

4. FEI Number
65-0364499Applied For
Not Applicable5. 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 FEHER, GEORGE G 8675 - 15TH LANE NORTH ST. PETERSBURG FL 33702	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 *George G. Feher* **GEORGE G. FEHER / TREASURER 4/27/97**
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	STEPHEN G. SWINGLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVERCOOL, DANIELM	1.2 NAME	DIRECTOR & PRESIDENT
STREET ADDRESS	4413 AVENUE CANNES	1.3 STREET ADDRESS	9009 EXPOSITION DR.
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA FL 33626
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASBROUCK, BRUCE	2.2 NAME	VIVIANNE HANDY
STREET ADDRESS	891 CORDOVA BLVD. NE	2.3 STREET ADDRESS	1408 N. WESTSHORE BLVD
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENENDEZ, ROGER J.	3.2 NAME	RIKE COOK
STREET ADDRESS	2535 CYPRESS BEND DR. W	3.3 STREET ADDRESS	401 E. JACKSON ST.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEHER, GEORGE	4.2 NAME	NANEETE HOLLAND
STREET ADDRESS	7650 W. COURTNEY CSWY	4.3 STREET ADDRESS	310 WEST CREST AVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33603
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINGLE, STEPHEN G.	5.2 NAME	SANB
STREET ADDRESS	4919 MEMORIAL HWY., STE. 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	SAVERCOOL, DANIEL	6.2 NAME	
STREET ADDRESS	5454 JET VIEW CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *George G. Feher* **GEORGE G. FEHER 4/27/97 286-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049518

CR2E037 (9/96)