

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003352 (2)

1. Corporation Name

FLORIDA INSTITUTE OF RESTORATION ECOLOGY, INC.



Principal Place of Business

4820 CYPRESS TREE DR
TAMPA FL 33624
US

Mailing Address

POST OFFICE BOX 271325
TAMPA FL 33688
US

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINTY, A E
4820 CYPRESS TREE DRIVE
SUITE 2000
TAMPA FL 33624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	LEWIS III, ROY R.	
STREET ADDRESS	POST OFFICE BOX 20005	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	DELETE
NAME	CUBA, THOMAS	
STREET ADDRESS	4775 BEACH DR SE	
CITY - ST - ZIP	ST PETERSBURG FL 33705	
TITLE	VD	DELETE
NAME	SAVERCOOL, DANIEL M	
STREET ADDRESS	15827 DEEP CREEK LANE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	S	DELETE
NAME	TREAT, SALLY F.	
STREET ADDRESS	15101 GOLDEN EAGLE WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SD
TREAT, SALLY F.
15101 GOLDEN EAGLE WAY
TAMPA, FL 33625

SIGNATURE:

Sally F. Treat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

Date

813/889-9684

Daytime Phone #

CR2E037 (12/95)