FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

NAME

STREET ADDRESS

1996						4				
DOCUMENT # N9300003352 (2) FLORIDA INSTITUTE OF RESTORATION ECOLOGY, INC.										
FLORIDA	INSTITUTE OF RESTORA	TION ECOLOGY, INC	•			1 100 1110	1911 111 111 111 111	46H) 11H) 11	A1 (111 111 II)	
Principal Place of	f Business	Mailing Address				7.10.110.110.110.110				
4820 CYPRESS		POST OFFICE BOX 271325			Ĭ					
TAMPA FL 3962		TAMPA FL 33688 US								
US		03			3. Date Incorporated or Qualified 07/26/1993 0		te of Last He 07/31/199	le of Last Report)7/31/1995		
			··· ··· ··					_		plied For
2. Principal Plac	e of Business	2a. Mailing Address			7. 10.0040740			t Applicable		
21		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi					
Suite, Apt. #,	etc.	27			5. Certificate of Status			Fee Re		
City & State	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be			7 1		
23		28				Trust Fund Contrib 8. This corporation ha		intanoible t		
Zip	Country Zip			intry		Florida Statutes	L	Yes L≛	₫ No	
24	25 9. Name and Address of Curren	29 Agent				10. Name and Address of New Registered Agent				
	9, Halle alle House	<u> </u>		1 1	Name					
MCGINTY, A E				82	Street Add	dress (P.O. Box Number is I	ot Acceptat	ole)		
4820 CYPRESS TREE DRIVE										
SUITE 2000				83					11	Or do
TAMPA FL 33624				1 1	City			Fl	_	Code
	o the provisions of Sections 617.050	2 and 617 1508 Florida Statut	tes, the ab	ove na	med corp	oration submits this stateme	ent for the pu	rpose of ch	nanging its reg	gistered office
11. Pursuant to or registere	o the provisions of Sections 617.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authoriz	zed by the	corpo	ration's bo	ard of directors. I hereby ac	cept the app	xointment a	s registered a	igent. ram
familiar wit	h, and accept the obligations of, Sec	CORDINATION , COCO. 110 (10)	J.							
SIGNATURE _	Signature, typed or printed name of registered agei	a Brid the Copperation			signature requ	red when reinstating) ADDITIONS/CHAN	IGES TO DE	DATE FICERS AN	ID DIRECTOR	RS IN 12
12.	OFFICERS AN	J Dir IL. OTOFIC		13.		ADDITIONS OF ALL			Change	Addition
TITLE	PD Lewis III, Roy R.	Постен		NAME						
NAME	POST OFFICE BOX 20005			1.3 STREET ADDRESS						
STREET ADDRESS	TAMPA FL		1.4 CITY - S		r-zip					Addition
CITY-ST-ZIP TITLE				TITLE					Change	Manigon
NAME	CODA, ILIOIRIO			NAME						
STREET ADDRESS	7//0 00/01/01/01				ADDRESS					
CITY-S1-ZIP				TITLE	ST-ZIP				[] Change	☐ Addition
TITLE	SAVERCOOL, DANIEL M	(M) DCTE IE	1	NAME	l					
NAME	15827 DEEP CREEK LANE		1		ADDRESS					
STREET ADORESS	TAMPA FL 33624	AMPA FL 33624		CITY-5					Change	Addition
CITY-ST-ZIP TITLE	S	DELETE		TITLE		SD	-		Change	L_1 Addition
NAME	ITALITY OFFICE IT			2 NAME		TREAT, SALLY I 15101 GOLDEN	EAGLE	WAY		
STREET ADDRESS	10101 COEDEN ENGLE				1.	TAMPA, FL 3	3625			=
CHY-ST-ZIP	IAMPA FL				ST-ZIP	<u> </u>			☐ Change	Addition
TITLE				1 TITLE 2 NAME						
NAME					T ADDRESS					
STREET ADDRESS			5	4 CITY -	ST-ZIP				Change	Addition
CITY-ST-ZIP TITLE		DELETE	6	1 TITLE					The Annual Re	☐ Addition
1										

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)(k), 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 certify 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. Sally T. Tuest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

63 STREET ADDRESS

5/14/96 813/889-9684 Date Black Blac