FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004790 (1)**

1. Corporation Name

ENVIRONMENTAL SAFETY ALLIANCE, INC.

Principal Place of Business	Mailing Address
600 BAYSHORE BLVD SUITE 600 TAMPA FL 33606	600 BAYSHORE BLVD SUITE 600 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:
4. FEI Number: XX Applied For / Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 601 Bayshore Blvd	26 601 Bayshore Blvd
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23 Tampa Fl	City & State 28 Tampa Fl
Zip: 24 33606 Country: 25 USA	Zip: 29 33606 Country: 30 USA

9. Name and Address of Current Registered Agent

GREENE, ROBERT B
600 BAYSHORE BLVD
SUITE 600
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 601 Bayshore Blvd
83 Suite 600
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GREENE, ROBERT B	12 NAME	
STREET ADDRESS	600 BAYSHORE BLVD SUITE 600	13 STREET ADDRESS	601 Bayshore Blvd Suite 600
CITY-ST-ZIP	TAMPA FL 33606	14 CITY-ST-ZIP	Tampa Fl 33606
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LANG, ROBERT A	22 NAME	
STREET ADDRESS	5432 COMMERCE PARK BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEVOL, DAVID D	32 NAME	
STREET ADDRESS	1715 N WESTSHORE BLVD SUITE 875	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, HAROLD W	42 NAME	
STREET ADDRESS	7331 NW 7 ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125-2904	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ 4/28/95 (813) 258-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014109