

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004790 (1)

1. Corporation Name

ENVIRONMENTAL SAFETY ALLIANCE, INC.



Principal Place of Business

Mailing Address

601 BAYSHORE BLVD
SUITE 600
TAMPA FL 33606
US

601 BAYSHORE BLVD.
SUITE 600
TAMPA FL 33606
US

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3318649

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GREENE, ROBERT B
STREET ADDRESS 601 BAYSHORE BLVD. SUITE 600
CITY - ST - ZIP TAMPA FL

TITLE D ☒ DELETE
NAME LANG, ROBERT A
STREET ADDRESS 5432 COMMERCE PARK BLVD
CITY - ST - ZIP TAMPA FL 33610

TITLE D ☒ DELETE
NAME DEVOL, DAVID D
STREET ADDRESS 1715 N WESTSHORE BLVD SUITE 875
CITY - ST - ZIP TAMPA FL 33607

TITLE D ☒ DELETE
NAME BLACKWELL, HAROLD W
STREET ADDRESS 7331 NW 7 ST
CITY - ST - ZIP MIAMI FL 33125-2904

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME D
23 STREET ADDRESS Greene, William H.
24 CITY - ST - ZIP 601 Bayshore Blvd. Suite 600

31 TITLE ☐ Change ☒ Addition
32 NAME D
33 STREET ADDRESS Greene, Carolyn T.
34 CITY - ST - ZIP 601 Bayshore Blvd. Suite 600

41 TITLE ☐ Change ☐ Addition
42 NAME 400001873724
43 STREET ADDRESS -06/24/96--01055--010
44 CITY - ST - ZIP ***61.25

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

(813) 258-8350

Date

Daytime Phone #

CR2E037 (12/95)