

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005768 (5)**

1. Corporation Name

**SOUTHERN ENVIRONMENTAL BUSINESS COUNCIL, INC.**



Principal Place of Business <b>4010 F NEWBERRY ROAD GAINESVILLE FL 32607</b>	Mailing Address <b>4010 F NEWBERRY ROAD GAINESVILLE FL 32607</b>
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2. Principal Place of Business <b>21 4701 N. FEDERAL HIGHWAY</b> Suite, Apt. #, etc. <b>22 SUITE 380, B-12</b> City & State <b>23 POMPANO BEACH, FL</b> Zip <b>24 33064</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 SAME AS 2</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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3. Date Incorporated or Qualified <b>12/06/1995</b>	4. FEI Number <b>59-3361265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>NEWPORT, DAVID B 4010 F NEWBERRY ROAD GAINESVILLE FL 32607</b> <i>Should not have crossed out. Remains the same.</i>	10. Name and Address of New Registered Agent <b>61 Name</b> <b>62 Street Address (P.O. Box Number is Not Acceptable)</b> <b>63</b> <b>64 City</b> <b>FL</b> <b>65 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TRUITT, DUANE J ITC CORP 4921 MEMORIAL HIGHWAY STE 100 TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<del>MR</del> PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURTON, THOMAS H, WOODWARD-CLYDE CONSULTING	2.2 NAME	
STREET ADDRESS	9950 PRINCESS PALM AVE STE 202 3919 RIGA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCITA, BRUCE	3.2 NAME	
STREET ADDRESS	2963 GULF TO BAY BLVD STE 287	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW P. COGLIANESE, HOLLANDT KNIGHT	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	4.4 CITY-ST-ZIP	
TITLE	SECRETARY DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG HURST, H2O ENVIRONMENTAL, INC.	5.2 NAME	
STREET ADDRESS	1061 W. OAKLAND PARK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT LAUDERDALE, FL 33311	5.4 CITY-ST-ZIP	
TITLE	TREASURER DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM ENGEL, UNIV. OF FL. TREBO CTR	6.2 NAME	
STREET ADDRESS	3900 S.W. 63RD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32608	6.4 CITY-ST-ZIP	

14. I 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: *Thomas H. Turton* / **Thomas H. Turton, President** 2/2/98 813)626-0047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011127

CR25037 (10/97)