FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90217 008 ***150.00

DOCUMENT # P93000029575						
ENVIRONMENTAL TACTICS, INC.						
ENVITOR	WILLIAM INOTION, IIAO			T LEGGLIGATI DER TRADA PROM ARREI ALGUL 1800 ALGU	A 11410 17101 18111 18	(0) 1 ()) (11)
Principal Place	e of Business	Mailing Address		\$ 100 (100) 11\$ 10100 (111) 00111 00111 00111		
1865 OVERSEAS	S HWY.	P O BOX 504461				
MARATHON FL 33050 MARATHON FL 33050-461			DO NOT WRITE IN THI	IS SPACE		
US	•	US		3. Date Incorporated or Qualifed	O OF AGE	
				04/20/1993		
	lace of Business	2a. Mailing Address		4. FEI Number		Applicable
21	44 -1-	Suite, Apt. #, etc.		65-0485352	\$8.75 Ac	
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Req	
City & State	e	City & State	 _	6. Election Campaign Financing	\$5.00 N	Jav Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24	25	29 3	0	Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	d Agent	
1.486	/IN . IOUNLY		81 Name			
LARKIN, JOHN V			82 Street Add	ress (P.O. Box Number is Not Acceptable)	-	
3762 PARK AVENUE		<u> </u>	<u></u>			
PORT PINE HIEGHTS BIG DINE KEY EL 22042		83				
BIG PINE KEY FL 33043			84 City	F	85 Zip Co	ode
		2 1007 4500 FL 1 0 1	Jaha ahasa samadaan	- and tion submits this statement for the purpose of	of changing its r	enistered
11. Pursuant	to the provisions of Section 607.05	2 and 607.1508/Florida Stardles	the above-hamed con	poration submits this statement for the purpose t	ointerest as real	cgisicioa
i office of fi	edistered adent. For Doth, in the Sizile/(of Florida. Sugh change was adt	horized by the corporati	ion's board of directors. I hereby accept the app	omunent as regi	stered
office of re agent. I a	m familiar with, and accept the obligat	of Florida, Such change has act tions of, Section 607.0505, Florid	horized by the corporati la Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	기 영영	stered
agent. I a	Let U	. m		7-0	26- <u>77</u>	estered
SIGNATURE	Signature, typed or printer name of registered agen	t and title if applicable. (NOTE: R	horized by the corporation of th	7-0	<u> 16-11</u>	
	Let U	t and title if applicable. (NOTE: R	Registered Agent signature require	red when reinstating) DATE	<u> 16-11</u>	
SIGNATURE	Signature, typed or prints name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R D DIRECTORS	Registered Agent signature requin	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printer name of registered agen OFFICERS AN:	t and title if applicable. (NOTE: R D DIRECTORS	Registered Agent signature required 13.	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printy name of registered agen OFFICERS AN: VP LARKIN, MELANIE J.	t and title if applicable. (NOTE: R D DIRECTORS	tegistered Agent signature requined 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printer name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A	t and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printy name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printer name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V.	t and title if applicable. (NOTE: F	13. 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	red when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	nt and title if applicable. (NOTE: F	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: F	Registered Agent signature required 13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: F	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT OF THE CONTACT OF T	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: F	Registered Agent signature required 13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: FD DIRECTORS) DELETE DELETE DELETE DELETE	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: FD DIRECTORS) DELETE DELETE DELETE DELETE	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: FD DIRECTORS) DELETE DELETE DELETE DELETE	Registered Agent signature requin 13. 1.1 TITLE 12 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or parity name of registered agen OFFICERS AN: VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY FL 33043 PD LARKIN, JOHN V. PO BOX 38 N/A	t and title if applicable. (NOTE: FD DIRECTORS) DELETE DELETE DELETE DELETE	13. 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	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with his filing does per 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 of trustee empowered to execute this epopt as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS