

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000062451 (8)

1. Corporation Name

FEX ENVIRONMENTAL SYSTEMS, INC.



Principal Place of Business

Mailing Address

400 GULF BREEZE PKWY
SUITE 206
GULF BREEZE FL 32561

P.O. BOX 1134
GULF BREEZE FL 32562
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

01/17/1995

4. FEI Number

59-3198781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

FEX, J. PATRICK JR.
400 GULF BREEZE PKWY
SUITE 206
GULF BREEZE FL 32561

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 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

Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FEX, J. PATRICK JR.
STREET ADDRESS
400 GULF BREEZE PKWY SUITE 206
CITY-ST-ZIP
GULF BREEZE FL 32561

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

1.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

6.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRESIDENT

1/18/96

904
932-1010
Daytime Phone #

CR2E034 (12/95)