

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075163 (4)

1. Corporation Name

FLORIDA ENVIRONMENTAL NETWORK, INC.



Principal Place of Business

310 W COLLEGE AVE
TALLAHASSEE FL 32301

Mailing Address

310 W COLLEGE AVE
TALLAHASSEE FL 32301

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

MCCORMACK, FRED A
310 W COLLEGE AVE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3210381

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

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 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Signature of current registered agent or agent-in-charge, if the corporation is a corporation.

Signature of Registered Agent, if the corporation is a corporation.

(Date)

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP
20. TITLE
21. NAME
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95. CITY-STATE-ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY-STATE-ZIP
100. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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 president 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, by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 904-222-7555

CR2E034 (12/95)