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CORPORATION ANNUAL REPORT

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

29 APOIL 1986 407 631 2750

1996

DOCUMENT # Corporation Name

P93000084870 (3)

## ENVIRONMENTAL TECHNOLOGY OF CENTRAL FLORIDA, INC

Principal Place of Business Maiting Address 402 HIGH POINT DRIVE 402 HIGH POINT DRIVE SUITE A SUITE A COCOA FL 32926-6634 COCOA FL 32926-6634 3a. Date of Last Report 3. Date Incorporated or Qualified 12/06/1993 05/01/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3237729 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zφ 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HASELOW, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 **402 HIGH POINT DRIVE** SUITE A COCOA FL 32926-6634 City Zip Code 84 85 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. DA"E (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and tille if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 TITLE TITLE THOMAS, BLAIR M 1.2 NAME NAME 1500 WORCESTER RD #528 STREET ADDRESS 1.3 STREET ADDRESS FRAMINGHAM MA 1.4 CHY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SCHAEFER, ERNEST R NAME 2.2 NAME 40 COUNTRY CORNERS RD 23 STREET ADDRESS STREET ADDRESS WAYLAND MA 2.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TIRE LAYMAN, LEE R NAME 3 2 NAME 7 POND DR STREET ADDRESS 3.3. STREET ADDRESS WAYLAND MA DITY-ST-7P 3.4 CITY - \$1 - 71P DELETE. 4. 1 TITLE ☐ Change Addition TITLE HASELOW, DAVID NAME 4.2 NAME **402 HIGH POINT DR** 4.3 STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP 4.4 CITY - ST-7(P DELETE Change ☐ Addition 5. 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 Table TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 attordiment with an address.