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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	95	טו	

DOCUMENT #

P93000085730 (8)

ENVIRONMENTAL CONDI	HUNING,	INC.
----------------------------	---------	------

ENVIRONMENTAL CONDITIONING, INC.								
Principal Place of Business	Mailing Address				FIGSTIFES HE INTO HIM AND AND			
8805 W KNIGHTS GRIFFIN ROAD PLANT CITY FL 33505-3077 US	8605 W KNIGHTS GI PLANT CITY FL 3356 US				Date Incorporated or Qualified	1	of Last Report	
03					12/15/1993	0	7/10/1995	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number 85-9321783		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.			, <u> </u>	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Crity & State	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Zio 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	28	Cour	itry			; 1 No		
24 355 25 25 25 Name and Address of Cur	29 29 Agent	- 1301			10. Name and Address of New	Registered	Agent	
9. Name and Address of Cur	Telli Negistorea Agoni		81	Name				
CARTER, CLAUDE B				Street Address (P.O. Box Number is Not Acceptable)				
8605 W KNIGHTS GRIFFIN ROAD SUITE 400			83					
PLANT CITY FL 33565			84	City		FI	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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes

BIGNATURE	ignatine, typed or probabilities eithe judenest aljust and blook as juicats		Pugutand Agest signal to trained a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	5	13.	Change Addition
ITLE	DP	DELETE	1 1 TillE	
AME	CARTER, CLAUDE B		1 2 NAME	
REET ADDRESS	8605 W KNIGHTS GRIFFIN ROAD		1.3 STREET ADDRESS	
TY-ST-ZIP	PLANT CITY FL		14 CITY - ST - ZIP	Change Additio
LE		DELETE	2 1 TOLE	
ME			2 2 NAME	
REET ADDRESS			2.3 STREET ADDRESS	
LY-\$1-7IP			2 4 CITY - S1 - ZIP	Change Addition
ur-Si-zur UF		DEL ETE	, 3 t TITLE	
ME			3 2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
			3.4 CITY - ST - ZIP	☐ Change ☐ Additi
TY - ST - ZIP		DELETE	4 1 TITLE	Crange [] Additi
TLE			4.2 NAME	
AME			4.3 SEREET ADDRESS	
TREET ADDRESS			4.4.CITY - \$1 - Z-P	Change Addit
ITY - ST - ZiP		DELETE	5 1 Tifet	Change Addit
ITLE		_	52 NAME	
iamé			5 3 STREET ADDRESS	
TREFT ADDRESS			5.4 City - ST - ZIP	
CITY - ST - ZIP		☐ DELETE	6 1 TillE	Change Addit
TITLE			62 NAME	
NAME			6 3 STREET ADDRESS	
STREET ADDRESS			63 STREET ADERESS	_

64.07 ST-2P

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 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 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 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 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 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 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 my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal ef

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AJAN 26, 1986 (813) 986-3389