

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000002774 (5)**

1. Corporation Name
INTERNATIONAL ENVIRONMENTAL AND ENGINEERING, INC



Principal Place of Business 3636 CLUBHOUSE RD LAKELAND FL 33813	Mailing Address PO BOX 5302 LAKELAND FL 33807-5302 US
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2. Principal Place of Business 21 237-B Bartow Municipal Airport Suite, Apt. #, etc. 22 City & State 23 Bartow, FL Zip 24 33830-9599 25 USA	2a. Mailing Address 26 P.O. Box 2362 Suite, Apt. #, etc. 27 City & State 28 Bartow, FL Zip 29 33831-2362 30 usa
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3. Date Incorporated or Qualified 01/04/1994	3a. Date of Last Report 03/12/1996
4. FEI Number 59-3219307	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVENPORT, GRACE F. 3636 CLUBHOUSE RD LAKELAND FL 33813	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	237-B Bartow Municipal Airport
83	
84 City	Bartow, FL
85 Zip Code	338309599

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

12. OFFICERS AND DIRECTORS		
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, LAWRENCE H	
STREET ADDRESS	3636 CLUBHOUSE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVENPORT, GRACE F.	
STREET ADDRESS	3636 CLUBHOUSE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BULMAN, H. LYLE	
STREET ADDRESS	3636 CLUBHOUSE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	237-B Bartow Municipal Airport	
1.3 STREET ADDRESS	Bartow, FL 33830-9599	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	237-B Bartow Municipal Airport	
2.3 STREET ADDRESS	Bartow, FL 33830-9599	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	237-B Bartow Municipal Airport	
3.3 STREET ADDRESS	Bartow, FL 33830-9599	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not 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 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:  **GRACE F. DAVENPORT** 1/27/97 (94)534-1209
Date Daytime Phone #

CR2E034 (9/96)