FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056722 (9)**

1. Corporation Name

ENVIRONMENTAL MANUFACTURING, INC.

Principal Place of Business	Mailing Address
8001 NORTH DALE MABRY SUITE 101-A TAMPA FL 33614	8001 NORTH DALE MABRY SUITE 101-A TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12-24 Third Street
22: Suite, Apt. #, etc
23: City & State: Kearny, NJ
24: Zip: 07032 — 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip — 30: Country

4. FEI Number: 59-3260610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MCCROREY, SHARON L
8001 NORTH DALE MABRY
SUITE 101-A
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: The Prentice-Hall Corporation System Inc
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83: Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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: Ann Holmes — DATE: 2-21-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	HAGEN, JAMES W	12 NAME		
STREET ADDRESS	8001 NORTH DALE MABRY, STE. 101-A	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614	14 CITY ST ZIP		
TITLE	DVST	21 TITLE		☐ Change ☐ Addition
NAME	MCCROREY, SHARON L	22 NAME		
STREET ADDRESS	8001 NORTH DALE MABRY, STE. 101-A	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	MATTESON, DAVID J	32 NAME		
STREET ADDRESS	8001 NORTH DALE MABRY, STE. 101-A	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Sharon J McCrorey — 2/14/95 (Date) — (813)935-8533 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0298497 CP