

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # P94000060301 (6)

1. Corporation Name

ENVIRONMENTAL CREATIONS & ASSOCIATES, INC.



Principal Place of Business
6330 CHERRY TREE TERRACE
HERNANDO FL 34442

Mailing Address
P.O. BOX 57
HERNANDO FL 34442-0057

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6330 N. CHERRY TREE TERR. P.O. BOX 57

Suite, Apt. #, etc.

2a. Mailing Address

27 P.O. BOX 57

Suite, Apt. #, etc.

City & State

23 HERNANDO, FL.

Zip Country

24 34442-0057 CITRUS

City & State

28 HERNANDO, FL.

Zip Country

29 34442-0057 CITRUS

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

05/17/1996

4. FEI Number

59-3266558

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

COFFEY, MICHAEL L
9025 S.W. 156 PLACE
DUNNELLON FL 34432

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 607.0502 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COFFEY, MICHAEL L
STREET ADDRESS 9025 S.W. 156 PLACE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ DELETE

NAME ~~SCHOMMER, MICHAEL G.~~
STREET ADDRESS ~~1500 N. JULIA WAY~~
CITY-ST-ZIP ~~HERNANDO FL 34442~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME PRESIDENT & OWNER
MICHAEL L. COFFEY
15620 SW 90TH AVE
DUNNELLON, FL 34432

2.1 TITLE ☐ Change ☐ Addition

NAME VICE PRESIDENT
PRISCILLA A. COFFEY
15620 SW 90TH AVE
DUNNELLON, FL 34432

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Signature, typed or printed name of registered agent and title (if applicable)

CR2E034 (4/97)