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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000076308 (3)

ANKERBERG & ASSOCIATES ENVIRONMENTAL CONSULTANTS, INC.

, INC.							
Principal Plac	e of Business	Mailing Address			i <b>a</b> tah manin saan	IN EALDS ALVAN ON	IN INCLEAN
5190-44TH S1	r south	5190-44TH ST SOUTH					
SUITE D SUITE D				DO NOT WELL	CO MOT MEDITE IN THIS SPACE		
ST PETERSBURG FL 33711 ST PETERSBURG FL 337				DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualified			
A Principal P	lace of Business	2a. Mailing Address		10/14/1994 4. FEI Number	<del></del>		- Used Pass
F <del>-</del> 5 ′	IACE OF BUSINESS	F An a Time		1 **			pplied For
Suite, Apt	# otc	Suite, Apl. #, etc.		59-3281032			ot Applicable Additional
22	<b>", O</b> (C)	27		<ol><li>Certificate of Status Desired</li></ol>			eguired
City & Stat	0	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28		Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the cur		
24	25	29	10	Personal Property Tax due Jun	ie 30. 🏻 🖥	Yes [	□Ño
	g. Name and Address of Curr			10. Name and Address of New R	egistered .	Agent	
AN	KENBERG, CW JR	ANKER BERG	S 81 Name	•			
	14 NAVAREZ WAY S	More		Idress (P.O. Box Number is Not Accepta	able)		
	PETERSBURG FL 33712		0.000.110	iologo ( .e. Ben remosi io viet iosepio			
1			83				
<b>!</b>			84 City			85 Zip	Code
			04 047		FL	.   65   2.15	0000
SIGNATURE	Signature typest or printed name of registered a	egrot wortpile it inpole ato. (NOTE NO DIRECTORS	Regisse rd Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICEOC AND	DIRECTOR	
12.	PD	DELETE		ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition
NAME	-ANKENBERG, CW JR AW		17 NAME				
STREET ADORESS	4114 NAVAREZ WAY S		13 FREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	spellingerror	14 UTY-ST-ZIP				
TITLE	OT TETERODORIO TE	DELETE.	21 TITLE			Change	Addition
NAME		<del></del>	22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-S1-ZIP			2 4 CITY-ST-ZIP		Car		
TITLE		DELETE	3.1 TLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 SEREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-SY-ZIP				
TITLE		☐ DELETE	4.1 TifLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			44 OTY-ST-ZIP				
TITLE		DELFTE	511 "LE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 C/TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				

14. I 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 changing or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

071/18 813-866-931

**FILED** 

Mar 19 1998 8:00am

Secretary of State