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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000091596 (4)

1. Corporation Name
ENVIRONMENTAL LIASONS, INC.



Principal Place of Business

720 N.W. 113TH COURT
OCAL FL 34482

Mailing Address

720 N.W. 113TH COURT
OCAL FL 34482-6843

3. Date Incorporated or Qualified
12/16/1994

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 1469 NW MAGNOLIA AVE.

Suite, Apt. #, etc.

22 # F

City & State

23 OCALA, FL

Zip

24 34470

Country

2a. Mailing Address

26 POB 770853

Suite, Apt. #, etc.

27 OCALA, FL

City & State

Zip

29 34477

Country

4. FEI Number

59-3290982

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

GRAY, GARY E
720 N.W. 113TH COURT
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name GARY E. GRAY

82 Street Address (P.O. Box Number is Not Acceptable)

5221 SW 129 CT

83 ~~OCALA~~

City OCALA

FL

85 Zip Code 34481

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

GARY E GRAY

2/4/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
GRAY, GARY E
STREET ADDRESS 720 N.W. 113TH COURT
CITY-ST-ZIP OCALA FL 34482

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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 PSTD ☒ Change ☐ Addition

1.2 NAME GRAY, GARY E.
1.3 STREET ADDRESS 5221 SW 129 CT
1.4 CITY-ST-ZIP OCALA, FL 34481

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME NAOMI M. GRAY
2.3 STREET ADDRESS 5221 SW 129 CT
2.4 CITY-ST-ZIP OCALA, FL 34481

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 included 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 in an attachment with an address.

SIGNATURE:

GARY E GRAY

2/4/97

352-237-6408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)