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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000091935 (4)

WESTCOAST BROKERAGE ENVIRONMENTAL CONSULTANTS, I

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 621 LIGHTSEY LANE 621 LIGHTSEY LANE **LUTZ FL 33549 LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3372129 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Country Country Žιρ 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, JULIE A **621 LIGHTSEY LANE** 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tapiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. tered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 THE F TITLE BAKER, JULIE A NAME 1.2 NAME 621 LIGHTSEY LN STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELFTE TITLE 2.1 TITLE ☐ Change Addition BAKER, ARTHUR C NAME 22 NAME 621 LIGHTSEY LN STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.17(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP ☐ DELETE Change Addition 4.1 Title TITLE NAME **4.** 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-7IP DELETE ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 eath; 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.

VAV 1/122/02 612 949-1315