

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022970 (4)

1. Corporation Name

ENVIRONMENTAL MICROBIAL SYSTEMS, INC.



Principal Place of Business

7226 W. COLONIAL AVE.
SUITE 107
ORLANDO FL 32818

Mailing Address

7226 W. COLONIAL AVE.
SUITE 107
ORLANDO FL 32818

3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3305 374

Applied For

No! 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

SELLERS, L. JUDITH
1079 SADDLEBACK RIDGE RD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name LINN E. SELLERS

82 Street Address (P.O. Box Number is Not Acceptable)
1079 Saddleback Ridge Rd.

83

84 City APOPKA

FL

85 Zip Code 32703

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

Linn E. Sellers

5/1/96

Signature required or printed name of registered agent and the change person

Signature required or printed name of registered agent and the change person

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SELLERS, L. JUDITH
STREET ADDRESS 1079 SADDLEBACK RIDGE RD.
CITY-ST-ZIP APOPKA FL 32703 ☒ DELETE

TITLE President & Director
NAME Linn E. Sellers
STREET ADDRESS 1079 Saddleback Ridge Rd.
CITY-ST-ZIP APOPKA, Florida 32703 ☐ DELETE

TITLE SECRETARY/TREASURER-DIRECTOR
NAME L. Judith Sellers
STREET ADDRESS 1079 Saddleback Ridge Rd.
CITY-ST-ZIP APOPKA, Florida 32703 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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: *Linn E. Sellers* Linn E. Sellers, Pres.

5/1/96

(407) 886-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (12/95)