SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000025786 (1)**

1. Corporation Name
ENVIROCRAFT INCORPORATED

Principal Place of Business	Mailing Address
8145 EVERNIA ST. #5 MICCO FL 32976	8145 EVERNIA ST. #5 MICCO FL 32976

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 400 INDUSTRIAL CIRCLE
22: Suite, Apt. #, etc
23: City & State: SEBASTIAN, FL
24: Zip: 32958
25: Country: INDIAN RIVER

2a. Mailing Address
26: 400 INDUSTRIAL CIRCLE
27: Suite, Apt. #, etc
28: City & State: SEBASTIAN, FL
29: Zip: 32958
30: County: INDIAN RIVER

4. FEI Number: ☐ 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

BARNHART, PHILLIP W
9345 FLEMMING GRANT RD.
SEBASTIAN FL 32976

10. Name and Address of New Registered Agent

81 Name: BARBARA MAHER
82 Street Address (P.O. Box Number is Not Acceptable): 9354 FLEMING GRANT Rd.
83:
84 City: MICCO **FL** 85 Zip Code: 32976

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: BARBARA MAHER (Signature, typed or printed name of the registered agent and title if applicable) Barbara Mahar (NOTE: Registered Agent signature required when reinstating) DATE: 7-24-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNHART, PHILLIP W 9345 FLEMMING GRANT RD. SEBASTIAN FL 32976	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHER, DANIEL J 8145 EVERNIA ST., #5 MICCO FL 32976	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANIEL MAHER Daniel Maher 7/24/96 407-589-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #