	F	LEASE READ	ALL INST	RUCTIC	NS BEFORE	СОМРГЕТ	ING THIS FORM.	
APPLICATION CONTROL FLORIDA DEPARTME						Zirk [OVERF D	
REIN	FOR C STATEM	IO IENT	,	Secretary			H)	
	UMENT				ORPORATIONS (3 .11. 23	PH 12: 54	
1. Corporation Name						SECHETALA STATE TALLAHASSET, FLORIDA		
FLORI	DA ENVI	RONMENTAL C	LEARING,	INC.		TALLAHASS	H, HLURIUA	
Principal Place of Business Mail				Mailing Address				
1325 HWY 27 N DAVENPORT FL 33827			1325 HWY 27 DAVENPORT F			1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
						DENIG	CTATEARES.	-m.990 h
		correct in any way, line thro dress, If Applicable	3 New Mailing		ess, If Applicable		orated or Qualified less in Florida	40 7935
Suite, Apt.	#, etc		Suite, Apt. #, etc. 1325 Hwy 27		27 N.	5 F£I Number	05/	31/1995 Applied For
City & State			DAVENFORT, FL		FLORIDA	6.	59-3314050	Not Applicable
Zip 33	837	Country	^{Ζιρ} 338		Po l.K	-		5 Additional Fee required ir a Certificate of Status
	and Street Addr	esses of Each Officer and/o Name of Officers	or Director (Florid	da nonprofit o	Street Address of Each	h		
1			3 (Do NOT Us		Officer and/or Director Of Use Post Office Box N	r lumbers)	City / State / Zip	
D ESPOSITO, SHARON R				1325 HWY 27 N			DAVENPORT FL 33827	
	f 							
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							-07/27/9901075010 ****908,75 ****908,75	
		-					*****300.13	4444300,73
				,			· · · · · - ·	
	8. Name	and Address of Current R	legistered Agent			9. Name and A	Address of New Registered A	gent
ESPOSITO, RAE						P.O. Box Number	is Not Associable)	0(96)
1325 HWY 27 N DAVENPORT FL 33827							as not Acceptable)	CR2E040
DAVE	ironi re soc	DE 1					State	Zip Code
10. I, being	appointed the r	egistered agent of the abov	re named corpora	ition, am fam	iliar with and accept the o	bligations of Secte	on 607.0505, F.S.	
Signature of Registered Agent Rac Esporto REGISTERE DAGENT MUST SIGN						Dale 7-22-99		
		ation owes or ha ersonal Propert				No 🔊	(See other side on intang	
this rein owed by	statement applic the corporation	cation, the reason for dissol	ution has been et ames of individua	liminated, the its listed on th	corporate name satisfies nis form do not qualify for	the requirements an exemption und	pter 607 or 617, F.S. I further of of section 607.0401 or 617,040 fer section 119.07(3)(i), F.S. Tt	01, F.S., that all fees
SIGNAT	TURE:	LATTER AND TYPED OR PRIN	Spoul	SNING OFFICE	Show R. Esp RORDIRECTOR	Posito - PAEs	7-22-49 (941) 4	22-7571 time Frione #