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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90068 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000053218

1. Corporation Name
ENVIRONMENTAL PERMITTING & INVESTIGATIONS COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1189 N GADSDEN ST
 STE C
 TALLAHASSEE FL 32303
 US

Mailing Address
 1189 N GADSDEN ST
 STE C
 TALLAHASSEE FL 32303
 US

3. Date Incorporated or Qualified
07/11/1995

4. FEI Number
59-3318923

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **3104 Chalfont Ln.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **3104 Chalfont Ln**
 Suite, Apt. #, etc.

22 City & State
 23 **Tallahassee, FL**
 Zip Country

24 **32303** 25
 29 **32303** 30

9. Name and Address of Current Registered Agent
STRICKLAND, JUSTIN E
3104 CHALFONT LANE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 *Justin E. Strickland* DATE **4/27/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P			
NAME		1.2 NAME	
STRICKLAND, JUSTIN E		1.3 STREET ADDRESS	
STREET ADDRESS		1.4 CITY-ST-ZIP	
3104 CHALFONT LANE			
CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TALLAHASSEE FL 32303		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 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, with all other like empowered.

SIGNATURE: *Justin E. Strickland* DATE **4/27/99** DAYTIME PHONE # **562-9474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)