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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065244 (2)

ENVIRONMENTAL CONCEPTS CONSTRUCTION COMPANY

FILED
Jan 28 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 3333 HENDERSON BLVD. 3333 HENDERSON BLVD. SHITE 150 SUITE 150 DO NOT WRITE IN THIS SPACE TAMPA FL 33609-2938 TAMPA FL 33609-2938 3. Date Incorporated or Qualified 08/23/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3380092 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 25 ☐ Yes 24 30 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 RILEY, STEVEN P ESQ. 3333 HENDERSON BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 150 83 TAMPA FL 33609-2938 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature re ed when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME CRAVEN, DANIEL R. 1.2 NAME STREET ADDRESS 959 BAYSHORE BLVD. 1.3 STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 1.4 CITY-ST-ZIP ___ DELETE TITLE Change ☐ Addition 2.1 TITLE NAME CRAVEN, LAURA M. 2.2 NAME STREET ADDRESS 3210 W. FAIR OAKS AVE. 2.3 STREET ADDRESS TAMPA FL 33611-2708 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ___ Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Addition TITLE 4.1 TITLE Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TOLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE __ Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 corelyer 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 chapted, or on an attachment with an address.

SIGNATURE:

1/21/98

CR2E034 (10/97