Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065244

ENVIRONMENTAL CONCEPTS CON	ISTRUCTION COMPANY						
Principal Place of Business	Mailing Address				I (BBI(BB) iis istoi siiii ogiil ol		
3333 HENDERSON BLVD. SUITE 150 TAMPA FL 33609-2938	3333 HENDERSON BLVD. SUITE 150 TAMPA FL 33609-2938				DO NOT WRI		
,					3. Date Incorporated or Qualifed 08/23/1995		
2. Principal Place of Business 21 959 BAYSHORE BIVD.	2a. Mailing Address				4. FEI Number 59-3380092		
Suite, Apt. #, etc. 22 SAFETY HARBOR, Fl.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		
City & State 23 34695 USA	City & State				Election Campaign Financing Trust Fund Contribution		
Zip Country 24 25	Zip	This corporation owes the curr Personal Property Tax.					
9. Name and Address of Currer	30	T		10. Name and Address of New			
			81	Name			
riley, steven P esq. 3333 Henderson BLVD.		82	Street Add	dress (P.O. Box Number is Not Accepta			
SUITE 150 TAMPA FL 33609-2938							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City			
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change wa	s authorize	ed by	e-named corp the corporati	poration submits this statement for the ion's board of directors. I hereby acce		
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Register	ed Agen	t signature require	ed when reinstating)		
	ID DIRECTORS	13			ADDITIONS/CHANGES TO OF		
- · · · · · · · · · · · · · · · · · · ·							

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90129 041 ***150.00



O NOT WRITE IN THIS SPACE

Z ₁ p	Country		`			o. This corporation owes the current year		l				
:4	25	29	30			Personal Property Tax.		□No				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent								
				81	Name			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
riley, steven P esq.				82	82 Street Address (P.O. Box Number is Not Acceptable)							
3333 HENDERSON BLVD.				Out of Addition (1.0. Dox Mailton to Mot Association								
SUITE 150												
TAMPA FL 33609-2938												
					84 City FL 85 Zip Code							
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change v	was authori	ized by t	named corp he corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its i	registered pistered				
SIGNATURE		STEV.	ev		. [-	ney v	11/0/0	L }				
	Signature, typed or printed name of registered agent a		` 		signature require	ADDITIONS/CHANGES TO OFFICERS		DS IN 12				
12	OFFICERS AND	DIRECTORS DELE		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition				
TITLE	P/D	☐ DELE		I.1 TITLE								
NAME	Craven, Daniel R.			1.2 NAME	1			ł				
STREET ADDRESS	959 BAYSHORE BLVD.		1	1.3 STREET	ADDRESS							
CITY-ST-ZIP	SAFETY HARBOR FL 34695			1.4 CITY-ST-	ZIP							
TITLE	S	☐ DELE	TE 2	21 TITLE	}		☐ Change	☐ Addition				
NAME	CRAVEN, LAURA M.		2	2.2 NAME	. [
STREET ADDRESS	3210 W. FAIR OAKS AVE.		2	2.3 STREET	ADDRESS							
CITY-ST-ZIP	TAMPA FL 33611-2708		2	2. 4 CITY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·						
TITLE		☐ DELE	TE 3	3.1 TITLE			Change	Addition \				
NAME			3	3.2 NAME								
STREET ADDRESS			3	3 3 STREET	ADDRESS			Ì				
CITY-ST-ZIP			_[3	3.4. CITY-ST	-ZIP							
TITLE		☐ DELÉ	TE 4	4.1 TITLE			☐ Change	☐ Addition				
NAME			4	4. 2 NAME								
STREET ADDRESS			4	4.3 STREET	ADDRESS							
CITY-ST-ZIP			_ 4	4.4 CITY-ST-	ZiP			_				
TITLE		☐ DELE	TE 5	5.1 TITLE		,	☐ Change	☐ Addition				
NAME			5	5.2 NAME				ĺ				
STREET ADDRESS			5	5.3 STREET	ADDRESS			ļ				
CITY-ST-ZIP				5.4 CITY-ST-	ZIP							
TITLE		☐ DELE	T£ 6	6.1 TITLE			☐ Change	☐ Addition				
NAME			6	6.2 NAME								
STREET ADDRESS				6.3 STREET	ADDRESS	*		}				
CITY-ST-ZIP			6	6.4 CITY-ST	-ZIP							
14 I hereby c	certify that the information supplied with	this filing does not qua	lify for the	exemptic	on stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation				
indicated	on this annual report or supplemental a	annual report is true and	d accurate	and that	my signatur	e shall have the same legal effect as if made	under oath; that l	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.