## 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 # P95000083417 (2)

ENVIRO	onmental control of	F TAMPA BAY, INC.				
Principal Plac	e of Business	Mailing Address			- I HOULDAN WAS HOLDE BUILL BOWN DOWN SOUTH ON IN	i oeiaa iinia didali iinali (aali 1901
3210 S. 70TH TAMPA FL 33		3210 S. 70TH ST. TAMPA FL 33619			DO NOT WRITE IN TI	HIS SPACE
					3. Date Incorporated or Qualified	
					10/27/1995	
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number	Applied For
21		26			59-3343319	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ө	City & State			6. Election Campaign Financing	\$5.00 May Be
:3		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	
24	[25]	29	30		Personal Property Tax due June 30.	Yes L No
	g, Name and Address of Cu	rrent Registered Agent		1 Name	10. Name and Address of New Registe	red Agent
	OMPSON, LARRY N JR.			Name		
	0 S. 70TH ST.		Ĩ	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAJ	MPA FL 33619		-	13	=-	
			E	City		Zip Code
office or ragent. I a	egistered agent, or both, in the S m familiar with, and accept the o Signature Nied or printed name of repotence	State of Florida, Such change obligations of, Section 607,050	was authorized 5, Florida Statu	by the corporates.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELET	1.1 7178	E		☐ Change ☐ Addition
NAME	THOMPSON, LARRY N JR	)  4	1.2 NAM	E		
STREET ADDRESS	1208 QUAIL HOLLOW PLA	<b>I</b> CE	1.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP	VALRICO FL 33594			-ST-ZIP		
TITLE	D	DELETI	2	i		Change   Addition
NAME	SKIPPER, JERRY W SR.		2.2 NAM	-		
STREET ADDRESS	3210 S. 70TH ST.			ET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619	DELET		Y-ST-ZIP		Change Addition
NAME		בין טוננות	3.2 NAM			C. Orlango C. Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				r-St-ZIP		
TITLE		☐ DELET				Change Addition
NAME		<u></u>	4 2 NAA	1		<u> </u>
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			1	-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			5.2 NAM	£ .		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		DELETE				Change Addition

14. Thereby 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 recover or frusted empowered to execute this open as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

4 27.98 /813-623-1774

**FILED** 

May 04 1998 8:00am

Secretary of State

CR2E034 (10/97)