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

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90053 028 ***150.00

DOCUMENT # P96000010698

 Corporation Name NATIONAL ENVIRONMENTAL TRAINING INSTITUTE, INC. Principal Place of Business Mailing Address 221 S KINGSWAY RD 221 S KINGWAY RD SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 01/31/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3357888 26 16827 HARRIERRIDGE PLACE 21 16827 HARRIERRIDGE PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired City & State City & State 6. Election Campaign Financing 28 LITHIA Trust Fund Contribution LITHIA Country Country Zip a. This corporation owes the current year Intangible 33547 30 US Personal Property Tax. 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

STEPHEN FISH, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 221 S KINGSWAY RD HARRIERRIDGE SEFFNER FL 33584 Zip Code 33547 84 85 City LITHIA

FISH

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.

PRESIDENT STEPHEN A. (NOTE: Registered Agent signature required when reinstating registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE FISH, STEPHEN 1.2 NAME HARRIERRIOGE PLACE FISH, STEPHEN NAME 1.3 STREET ADDRESS 11516-B VALENCIA DR STREET ADDRESS LITHIA SEFFNER FL 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CR2E034 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable