

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000010932 (7)**

1. Corporation Name  
**COLE ENVIRONMENTAL CONSULTING, INC.**



Principal Place of Business  
**11226 STONEY POINT LANE EAST  
JACKSONVILLE FL 32257**

Mailing Address  
**11226 STONEY POINT LANE EAST  
JACKSONVILLE FL 32257-4550**

3. Date Incorporated or Qualified **01/31/1996** 3a. Date of Last Report

2. Principal Place of Business  
21 **1888 River Oaks Drive**  
Suite, Apt #, etc.

2a. Mailing Address  
26 **1888 River Oaks Drive**  
Suite, Apt #, etc.

4. FEI Number **59-3367375** Applied For  
Not Applicable

22 City & State  
**Jacksonville, FL**

27 City & State  
**Jacksonville, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip **32259** Country **USA**

28 Zip **32259** Country **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32259** 25 **USA**

29 **32259** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLE, JAMES M JR.  
11226 STONEY POINT LANE EAST  
JACKSONVILLE FL 32257**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1888 River Oaks Drive**  
83  
84 City **Jacksonville** FL 85 Zip Code **32259**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLE, JAMES M JR.</b>
STREET ADDRESS	<b>11226 STONEY POINT LANE EAST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLE, MARY H</b>
STREET ADDRESS	<b>11226 STONEY POINT LANE EAST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>P/V/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>1888 RIVER OAKS DRIVE</b>
1.3 STREET ADDRESS	<b>Jacksonville, FL 32259</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1888 RIVER OAKS DRIVE</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32259</b>
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 do 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.

SIGNATURE: *[Signature]* **President** **James M Cole Jr** **2/6/97** **904-284-8387**  
Date Daytime Phone #

CR2E034 (9/96)