

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90051 049 \*\*\*150.00

DOCUMENT # P96000022988

1. Corporation Name  
HABITAT RESTORATION, INC.

Principal Place of Business  
393 WHOOPING LOOP  
SUITE 1483  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
393 WHOOPING LOOP  
SUITE 1483  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

62-1632664

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 SUITE 1405

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 SUITE 1405

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BRADOW, STUART N  
393 WHOOPING LOOP  
SUITE 1483  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 1405

84 City

FL

85 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ATKINS, JOHN N  
STREET ADDRESS 400 RED MULBERRY COURT  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE

NAME NIELSEN, STEPHEN A  
STREET ADDRESS 465 HIDDEN RIDGE DRIVE  
CITY-ST-ZIP ENTERPRISE FL

TITLE D ☐ DELETE

NAME BRADOW, STUART N  
STREET ADDRESS 201 SHERYL DRIVE  
CITY-ST-ZIP DELTONA FL

TITLE D ☐ DELETE

NAME EXNER, GARY E  
STREET ADDRESS 410 LAKE LENELLE DRIVE  
CITY-ST-ZIP CHULUOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 325 Brantley Club Place  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99 260-5951

CR2E034 (11/98)

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