

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 # P96000026569

1. Corporation Name  
CSL INC. ENVIRONMENTAL PRODUCTS

Principal Place of Business  
202 BUCK DRIVE  
FORT WALTON BEACH FL 32548

Mailing Address  
202 BUCK DRIVE  
FORT WALTON BEACH FL 32548

2. Principal Place of Business  
21 10 Commerce Drive

Suite, Apt. #, etc.

22 Suite C

City & State

23 Destin, FL

Zip Country

24 32541 25 US

2a. Mailing Address  
26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29 30

9. Name and Address of Current Registered Agent

LUEDECKE, CAROL S  
202 BUCK DRIVE  
FORT WALTON BEACH FL 32548

81 Name

Luedcke Carol S

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

10 Commerce Drive, Suite B

83

84 City

Destin

FL Zip Code

32541

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEDECKE, CAROL S	1.2 NAME	
STREET ADDRESS	709 BAYOU DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90084 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3374141

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Trust Fund Contribution  
Added to Fees

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

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

3/26/99 850-650-6602.

Date

Daytime Phone #