Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90102 003 \*\*\*150.00

## 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 # P96000033835

1. Corporation Name

ENVIRONMENT, SAFETY AND HEALTH, INC.

Principal Place	e of Business	Mailing Address				8 1(10E 11(4) 1010E	***************************************	4
9256 SE VENIUS	S STREET	9256 SE VENUS STREET					_	
HOBE SOUND FL 33455 HOBE SOUND FL 33455								
					DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualifed		İ	
. <u> </u>					04/17/1996			
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	olied For	
21	#	26			65-0659567		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc:			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re		
City & State	8	City, & State			6. Election Campaign Financing	\$5.00	Mav Be	
23		28			Trust Fund Contribution	Added to		=
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ntangible		
24	25	29 30	0	_	Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent		
01.41	CMZ AAINIE AA		81 1	lame				
CLARK, ANNE M			82 5	treet Addre	ess (P.O. Box Number is Not Acceptable)			
9256 SE VENUS STREET HOBE SOUND FL 33455								
HUB	E SUUND FL 33455		83				~	
			84 (	City	FI	85 Zip C	ode	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-na	amed corpo	pration submits this statement for the ournose of	f changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	norized by the	corporation	n's board of directors. I hereby accept the appo	pintment as reg	istered	
SIGNATURE								
SIGNATURE								Ì
	Signature, typed or printed name of registered agent			gnature required	when reinstating) DATE	ND DIDECTO	DC IN 42	á
12.	OFFICERS AND	DIRECTORS	13.	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			14/08/
12.	OFFICERS AND		13. 1.1 TITLE	pnature required	,	ND DIRECTO	RS IN 12	(11/08)
12. TITLE NAME	OFFICERS AND PT CLARK, ANNE M	DIRECTORS	13. 1.1 TITLE 1.2 NAME		,			034 (44/08)
12. TITLE NAME STREET ADDRESS	OFFICERS AND PT CLARK, ANNE M 9256 SE VENUS STREET	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD	DRESS	,			OE034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT CLARK, ANNE M 9256 SE VENUS STREET HOBE SOUND FL 33455	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI	DRESS	,	☐ Change	☐ Addition	CD0E034 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PT CLARK, ANNE M 9256 SE VENUS STREET HOBE SOUND FL 33455 VSD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI 2.1 TITLE	DRESS	,			CB2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PT CLARK, ANNE M 9256 SE VENUS STREET HOBE SOUND FL 33455 VSD CLARK, BANKS	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME	DRESS	,	☐ Change	☐ Addition	CD0E034 (11/08)
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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 arrival 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 embowered 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 attackment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition