

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 # P97000045767

1. Corporation Name

CARROLL ENVIRONMENTAL TECHNOLOGIES, INC.

Principal Place of Business

**2952 SE MONROE STREET
SUITE 319
STUART FL 34997
US**

Mailing Address

**759 SOUTH FEDERAL HIGHWAY
SUITE 319
STUART FL 34994**

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90123 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0763035

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 - **None**

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**BRANNOM, DAVID
759 SOUTH FEDERAL HIGHWAY
SUITE 319
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

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

83

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 **PD** ☐ DELETE
NAME **CARROLL, PAUL**
STREET ADDRESS **2548 S.E. MONROE STREET**
CITY-ST-ZIP **STUART FL 34997**

TITLE **CSD** ☐ DELETE
NAME **BRANNOM, CAROL**
STREET ADDRESS **2180 S.W. HUNTERS CLUB WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ DELETE
NAME **BRANNOM, DAVID**
STREET ADDRESS **2180 S.W. HUNTERS CLUB WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ DELETE
NAME **AGEE, BRUCE**
STREET ADDRESS **1421 SW EAGLE NEST WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ DELETE
NAME **HOBBS, KENNY**
STREET ADDRESS **8999 DELAWARE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ DELETE
NAME **MARTIN, KIM**
STREET ADDRESS **1866 SE DRANSON CIRCLE**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 #

4-30-99 (961) 223-7310

CR2E034 (11/98)