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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088199 (9) DOCUMENT

ENVIROZONE INDUSTRIES. INC.

Principal Place of Business Mailing Address 8260 PAULSON DR., UNIT BI MURDOCK FL 33954

FILED May 11 1998 8:00am Secretary of State



8260 PAULSON DR., UNIT B1 MURDOCK FL 33954 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLLINS, EDWARD S 8260 PAULSON DR., UNIT B1 **B2** Street Address (P.O. Box Number is Not Acceptable) MURDOCK FL 33954 83 84 City 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 II applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE COLLINS, EDWARD S NAME 1.2 NAME 8260 PAULSON DR., UNIT B1 STREET ADDRESS 1.3 STREET ADDRESS MURDOCK FL 33954 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4 I TITLE 4.2 NAME NALIF 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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:

Edward S. COLLINS

4-27-98 (941) 627-9656

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