

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

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

05-10-1999 90053 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000089530

1. Corporation Name

ENVIRONMENTAL MARKETING & CHARTERS, INC.

Principal Place of Business

101 11TH STREET
OCEAN 9
MARATHON FL 33050-2050

Mailing Address

101 11TH STREET
OCEAN 9
MARATHON FL 33050-2050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

65-0787756

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 4218 HAVANA DR

2a. Mailing Address

26 4218 HAVANA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 COCOA FL.

27 COCOA FL.

City & State

City & State

23 32927-8626

28 32927-8626

Zip

Country

Zip

Country

24 25 USA

29 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER

ROBERT E. HOWARD

343 ALMERIA AVENUE

4218 HAVANA DR.

CORAL GABLES FL 33134

COCOA FL. 32927-8626

81 Name

ROBERT E. HOWARD

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

4218 HAVANA DR.

83

84

COCOA FL.

FL

85 Zip Code

32927

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

04-20-99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, MERLIN K	
STREET ADDRESS	101 11TH STREET	
CITY-ST-ZIP	MARATHON FL 33050-2050	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, STEVE L	
STREET ADDRESS	101 11TH STREET	
CITY-ST-ZIP	MARATHON FL 33050-2050	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUCAS, STEVE L	
1.3 STREET ADDRESS	4218 HAVANA DR.	
1.4 CITY-ST-ZIP	COCOA, FL 32927-8626	

2.1 TITLE	STEVE L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUCAS, EVELYN H.	
2.3 STREET ADDRESS	4218 HAVANA DR.	
2.4 CITY-ST-ZIP	COCOA, FL. 32927-8626	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/20-99 407-632-1075
Date Daytime Phone #

CR2E034 (11/98)