

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90140 037 \*\*\*150.00

DOCUMENT # **P98000026828**

1. Corporation Name

**ENVIROTOOLS, INC.**

Principal Place of Business

**1810 NW 6TH ST. SUITE E  
GAINESVILLE FL 32609**

Mailing Address

**1810 NW 6TH ST. SUITE E  
GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1998**

4. FEI Number

**59-3515967**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NEWMAN, CHRISTIAN  
1810 NW 6TH ST, SUITE E  
GAINESVILLE FL 32609**

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 **D** ☐ DELETE  
NAME **RICK CHIN**  
STREET ADDRESS **2701 NW 23rd BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ DELETE  
NAME **WILLIAM D. OLINGER III**  
STREET ADDRESS **5433 SW 91st TER**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ DELETE  
NAME **OSCAR WONG**  
STREET ADDRESS **243 SLEEPY GAP RD**  
CITY-ST-ZIP **ARDEN NC 28704**

TITLE **D** ☐ DELETE  
NAME **JAMES NEWMAN**  
STREET ADDRESS **3839 NW 6TH PL**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **P** ☐ DELETE  
NAME **CHRISTIAN NEWMAN**  
STREET ADDRESS **5001 NW 62nd COURT**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **S/T** ☐ DELETE  
NAME **DAVID EVERITT**  
STREET ADDRESS **10146 SW 52nd RD.**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 907, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)