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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90040 005 ***158.75

FILED

1999

DOCUMENT # P980	000083462			
-ENVIRODIVE, INC.				
ROGER THAT, INC.				
Principal Place of Business	Mailing Address			

	8116 881111 19188		1001

3056-TOWN-CENTER-BLVD--#253 14712 EAGLES CROSSING DRIVE ORLANDO-FL-32837-ORLANDO FL 32837 DO NOT WRITE IN THIS SPACE 1470 GEMINI BLUD. 3. Date Incorporated or Qualifed ORLANDO FI 32837 09/28/1998 2a. Mailing Address Applied For 2. Principa Place of Business GEMINI BLVD 1470 Not Applicable 1470 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 27 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Courtn 8. This corporation owes the current year intangible USA Persor al Property Tax. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POWERS, JILL K Street Address (P.O. Box Number is Not Acceptable) 14712 EAGLES CROSSING DRIVE ORLANDO FL 32837 83 84 City 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 legistered 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 (NO E. Registered Agent signature required when reinstating CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE POWERS, JILL K NAME 1.2 NAME 14712 EAGLES CROSSING DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDF ESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDF:ESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIF DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADD RESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDIRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Ther by 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 a scurate and that my sign ature 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 applicans in Block 12 or Block 13 if changlad, or on an attachment with an address, with all other like empowere 1.

SIGNATURE:

ATORE AND TYPED IN TRANSED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/99

407-342-9635